

**Fill in this information to identify the case:**

Debtor name Kaumana Drive Partners, LLC

United States Bankruptcy Court for the: DISTRICT OF HAWAII

Case number (if known) 19-01266

☐ Check if this is an amended filing

**Official Form 202**

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *AMENDED Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 8, 2019

**X** /s/ Benjamin Meeker

Signature of individual signing on behalf of debtor

**Benjamin Meeker**

Printed name

**President**

Position or relationship to debtor

**Fill in this information to identify the case:**Debtor name **Kaumana Drive Partners, LLC**United States Bankruptcy Court for the: **DISTRICT OF HAWAII**Case number (if known): **19-01266**☒ Check if this is an  
amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders \*\*\*AMENDED\*\*\*****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
State of Hawaii Department of Taxation Attn: Bankruptcy Unit P.O. Box 259 Honolulu, HI 96813		General Excise Taxes				\$1,618,015.23
Dentons US LLP 1001 Bishop Street Suite 1800 Honolulu, HI 96813	Paul Alston, Esq. paul.alston@dentons.com	Legal services (indemnification)				\$529,740.15
Brighton Rehabilitation 206 NORTH 2100 WEST Salt Lake Cty, UT 84116		Goods or services rendered	Disputed			\$473,255.93
Victus Management 2131 Palomar Airport Road, Suite 218 Carlsbad, CA 92011		Management services				\$298,110.49
Ashford & Wriston, LLP 999 Bishop Street Suite 1400 Honolulu, HI 96813	Kevin W. Herring, Esq. kherring@awlaw.com	Legal services				\$157,974.67
DHHS/Ctr for Medicare and Medicaid Svcs Western Div of Survey 90 7th Street, Suite 5-300 (5W) San Francisco, CA 94103-6707		Civil Money Penalties	Unliquidated			\$133,080.00

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Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AMN Healthcare Allied, Inc. P.O. Box 281939 Atlanta, GA 30384-1939		Goods or services rendered	Disputed			\$122,327.51
Carl Osaki, Esq. 225 Queen Street #17H Honolulu, HI 96813	Carl Osaki, Esq. carl@chosaki.com	Legal services				\$102,414.73
Kobayashi, Sugita & Goda, LLP 999 Bishop Street #2600 Honolulu, HI 96813-4430	Craig K.Shikuma, Esq. cshikuma@ksglaw.com	Legal services (indemnification)				\$84,910.88
BKD, LLP P.O. Box 1190 Springfield, MO 65801-1190		Goods or services rendered	Disputed			\$83,310.06
HMAA C/O PSH Ins., 737 Bishop St 12th Fl. Honolulu, HI 96813		Goods or services rendered				\$31,266.48
Healthcare Association of Hawaii 707 Richards Street, PH2 Honolulu, HI 96813		Long Term Care Sustainability Program	Unliquidated			\$23,989.89
LitEcon LLP 10 W Broadway #203 Long Beach, CA 90802		Goods or services rendered				\$19,305.00
Hawaii Electric Light Company P.O. Box 29570 Honolulu, HI 96820-1970		Services Rendered				\$19,167.62
Direct Supply Inc. P.O. Box 88201 Milwaukee, WI 53288	vsukhanov@directs.com	Goods or services rendered				\$17,083.73
Hawaii Employers' Mutual Insurance Co. PO BOX 29050 Honolulu, HI 96820-1450		Insurance premiums / promissory note				\$14,344.26
Kimberly Gonsalves-Higa 1216 Honua Street Hilo, HI 96720		Accrued vacation (\$1,505.11); Accrued sick (\$903.98)	Subject to Setoff			\$14,046.91

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Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Tammy Silva 2506 Nohona Street Hilo, HI 96720		Accrued vacation (\$2,976.88); Accrued sick (\$1,787.94)	Subject to Setoff			\$13,740.41
Karen Sawyer P. O. Box 5692 Hilo, HI 96720		Accrued vacation (\$1,984.59); Accrued sick (\$1,191.96)	Subject to Setoff			\$13,274.29
Amelyn Dalmacio 2282 Awapuhi Street Hilo, HI 96720		Accrued vacation (\$1,504.71); Accrued sick (\$903.74)	Subject to Setoff			\$11,778.09

**Fill in this information to identify the case:**Debtor name **Kaumana Drive Partners, LLC**United States Bankruptcy Court for the: **DISTRICT OF HAWAII**Case number (if known) **19-01266**☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>14,456,792.95</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>3,789,225.94</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>18,246,018.89</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>15,323,188.73</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>1,873,671.18</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>2,221,051.15</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>19,417,911.06</b>

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United States Bankruptcy Court for the: **DISTRICT OF HAWAII**

Case number (if known) **19-01266**

☐ Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

**Current value of debtor's interest**

**2. Cash on hand**

**\$500.00**

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **First Hawaiian Bank**

**Checking [Depository Account]**

**1727**

**\$269,675.52**

3.2. **First Hawaiian Bank**

**Checking [Operational Account]**

**4440**

**\$16,300.17**

3.3. **First Hawaiian Bank**

**Checking [Loan Account Reserve]**

**5757**

**\$0.00**

3.4. **FHB - Payroll Account**

**Checking**

**\$26,000.00**

3.5. **Resident Trust Account**

**Savings**

**9547**

**\$27,473.94**

**4. Other cash equivalents (Identify all)**

**5. Total of Part 1.**

**\$339,949.63**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

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**Part 2: Deposits and Prepayments**

**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

7.1. Utility Deposit - Hawaii Electric Light Company \$21,990.00

7.2. Utility Deposit - Hawaii Gas \$2,000.00

7.3. Utility Deposit - Department of Water Supply, County of Hawaii \$150.00

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

8.1. Insurance \$56,626.00

8.2. Insurance Reserves \$3,581.20

8.3. Workers Comp \$40,898.00

8.4. Dues & Subscriptions \$5,794.73

**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$131,039.93

**Part 3: Accounts receivable**

**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**

11a. 90 days old or less: 1,257,762.00 - 0.00 = .... \$1,257,762.00  
face amount doubtful or uncollectible accounts

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11b. Over 90 days old: 1,201,916.65 - 0.00 =.... \$1,201,916.65  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$2,459,678.65

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. <b>Raw materials</b>				
20. <b>Work in progress</b>				
21. <b>Finished goods, including goods held for resale</b>				
22. <b>Other inventory or supplies</b>				
<b>Inventory - Central Supplies</b>		<b>\$0.00</b>	<b>Recent cost</b>	<b>\$832.95</b>
<b>Inventory - Dietary</b>		<b>\$0.00</b>		<b>\$8,478.28</b>
<b>Inventory - Housekeeping</b>		<b>\$0.00</b>		<b>\$1,580.97</b>

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$10,892.20

24. **Is any of the property listed in Part 5 perishable?**

- ☐ No  
☒ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

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- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☒ No. Go to Part 8.  
☐ Yes Fill in the information below.

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1. 2006 Ford Passenger Van [VIN 1FTSS34L76DA77197] Non-operational		\$0.00		\$0.00
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>				
49. Aircraft and accessories				
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) FF&E				
		\$847,665.53		\$847,665.53

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$847,665.53

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No  
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available).

55.1. **Improved real property located at 563 Kaumana Drive, Hilo, Hawaii and identified with Tax Map Key No. (3) 2-5-006:012 (approximately 17.613 acres)**

**Fee simple**

**\$14,456,792.95**

**\$14,456,792.95**

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$14,456,792.95**

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No

☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No

☐ Yes

**Part 10: Intangibles and intellectual property**

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.

☒ Yes Fill in the information below.

**General description**

**Net book value of debtor's interest**  
(Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

60. **Patents, copyrights, trademarks, and trade secrets**

61. **Internet domain names and websites**

62. **Licenses, franchises, and royalties**

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**  
**Tradename - "Legacy Hilo Rehabilitation and Nursing Center"**

**Unknown**

**Unknown**

65. **Goodwill**  
**Customer Goodwill**

**Unknown**

**Unknown**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$0.00**

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

☒ No

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☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

☒ No

☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No

☐ Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.

☒ Yes Fill in the information below.

Current value of  
debtor's interest

71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**

74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

**Claim against Johnalyn Rodrigues Nosaka in Civil No. 3CC-18-1-000184; In the Circuit Court of the Third Circuit for the State of Hawaii**

Unknown

Nature of claim

Non-vehicular Tort

Amount requested

\$0.00

**Claims against Koa Builders Inc. asserted in Civil No. 1CC-18-1-000512; In the Circuit Court of the First Circuit for the State of Hawaii**

Unknown

Nature of claim

Breach of Contract

Amount requested

\$0.00

**Claim against Brighton Rehabilitation LLC in Civil No. 1:18-cv-00240-JMS-KJM; In the U.S. District Court for the District of Hawaii**

Unknown

Nature of claim

Breach of Contract

Amount requested

\$0.00

**Crossclaims against David Willson asserted in Civil No. 1CC-17-1-001699; In the Circuit Court of the First Circuit for the State of Hawaii**

Unknown

Nature of claim

Breach of Contract

Amount requested

\$0.00

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**Claim against DHHS/Ctr for Medicare and Medicaid Services, et al. asserted in Civil No. 1:19-cv-00398-JAO-RT; In the U.s. District Court for the District of Hawaii**

**Unknown**

Nature of claim Declaratory Relief

Amount requested \$0.00

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*  
**Patient Trust Funds Bond Surety Bond No. 60125141 Issued by Capitol Indemnity Corporation**

**Unknown**

**OHCA #82-N**

**Unknown**

**Class II Clinical Laboratory Permit [17CP2-398]**

**Unknown**

**Certificate of Need [re Application No. 08-08]**

**Unknown**

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$0.00**

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$339,949.63</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$131,039.93</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$2,459,678.65</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$10,892.20</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$847,665.53</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$14,456,792.95</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$3,789,225.94</u>	+ 91b. <u>\$14,456,792.95</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$18,246,018.89</u>

**Fill in this information to identify the case:**Debtor name **Kaumana Drive Partners, LLC**United States Bankruptcy Court for the: **DISTRICT OF HAWAII**Case number (if known) **19-01266**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1</b>	<b>Rodney Anjo</b> Creditor's Name  <b>563 Kaumana Drive</b> <b>Hilo, HI 96720</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>Resident Trust Account - Savings - Acct#9547</b>  <b>Describe the lien</b> <b>Resident Trust Account</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.86</b>  <b>\$27,473.94</b>
<b>2.2</b>	<b>Kimie Aoki</b> Creditor's Name <b>c/o Alvin Aoki</b> <b>P.O. Box 473</b> <b>Papaikou, HI 96781</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  Do multiple creditors have an interest in the same property?	<b>Describe debtor's property that is subject to a lien</b> <b>Resident Trust Account - Savings - Acct# 9547</b>  <b>Describe the lien</b> <b>Resident Trust Account</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply	<b>\$50.08</b>  <b>\$27,473.94</b>

Debtor **Kaumana Drive Partners, LLC**  
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☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent

☒ Unliquidated

☐ Disputed

**2.3 Harold Arbon**

Creditor's Name

**563 Kaumana Drive  
Kihei, HI 96753**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct#  
9547**

**\$302.00**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

**2.4 Joel Arruda**

Creditor's Name

**c/o Clayton Arruda  
17-400 Kualono Place  
Kurtistown, HI 96760**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct#  
9547**

**\$15.00**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

**2.5 Linda Bensema**

Creditor's Name

**c/o Maximum Legal  
Services  
707 Richards St., PH6  
Honolulu, HI 96813**

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct#  
9547**

**\$285.73**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

**9**

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if know) **19-01266**

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

Date debt was incurred

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.6 **Merle Bensema**

Creditor's Name

**c/o Maximum Legal Services  
707 Richards St., PH6  
Honolulu, HI 96813**

Creditor's mailing address

9

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$265.77**

**\$27,473.94**

**Resident Trust Account - Savings - Acct# 9547**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.7 **Arthur Bowley**

Creditor's Name

**c/o Timothy Connor  
P.O. Box 31  
Volcano, HI 96785**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$10.00**

**\$27,473.94**

**Resident Trust Account - Savings - Acct# 9547**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.8 **Guy Brown**

Describe debtor's property that is subject to a lien

**\$827.41**

**\$27,473.94**

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if know)

**19-01266**

Creditor's Name

**563 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Resident Trust Account - Savings - Acct#  
9547**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

**2.9 Sandra Burrill**

Creditor's Name

**c/o Trisha Ogle  
269 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**\$175.48**

**\$27,473.94**

**Resident Trust Account - Savings - Acct#  
9547**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

**2.1  
0 Rosalind Chamberlin**

Creditor's Name

**c/o Bruce Chamberlin  
P.O. Box 2851  
Kamuela, HI 96743**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Describe debtor's property that is subject to a lien**

**\$916.03**

**\$27,473.94**

**Resident Trust Account - Savings - Acct# 9547**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if know) **19-01266**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.1  
1

**Darrell Chase**

Creditor's Name

**563 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**\$596.41**

**\$27,473.94**

**Resident Trust Account - Savings - Acct# 9547**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.1  
2

**Gregory Commendador**

Creditor's Name

**563 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**\$54.03**

**\$27,473.94**

**Resident Trust Account - Savings - Acct# 9547**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.1  
3

**CPIF WTB, LLC**

**Describe debtor's property that is subject to a lien**

**\$15,295,449.17**

**\$17,764,137.13**

Creditor's Name

**1910 Fairview East  
Suite 200  
Seattle, WA 98102**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.**Improved real property located at 563  
Kaumana Drive, Hilo, Hawaii and identified  
with Tax Map Key No. (3) 2-5-006:012  
(approximately 17.613 acres)  
(\$14,456,792.95); FF&E (\$847,665.53);  
Accounts Receivable (\$2,459,678.65)****Describe the lien****Mortgage****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1  
4**Sue Daimaru**

Creditor's Name

**c/o Roy Daimaru  
1759 Uhaloa Road  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.**Describe debtor's property that is subject to a lien****Resident Trust Account - Savings - Acct#  
9547****\$210.09****\$27,473.94****Describe the lien****Resident Trust Account****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed2.1  
5**Genevieve DAngelo**

Creditor's Name

**563 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Describe debtor's property that is subject to a lien****Resident Trust Account - Savings - Acct#  
9547****\$55.18****\$27,473.94****Describe the lien****Resident Trust Account****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if know) **19-01266**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.1  
6

**Richard Dermody**

Creditor's Name

**c/o Audrey Turner  
P.O Box 377562  
Ocean View, HI 96737**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct# 9547**

**\$210.09**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.1  
7

**David Durkee**

Creditor's Name

**c/o Ronald (Jeffrey) Mermel  
P.O. Box 342  
Volcano, HI 96785**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct# 9547**

**\$95.03**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.1  
8

**Shirley English**

Describe debtor's property that is subject to a lien

**\$1,219.37**

**\$27,473.94**

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if known)

**19-01266**

Creditor's Name  
**c/o Diana Hanley  
805 Hoolaulea Street  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Resident Trust Account - Savings - Acct# 9547**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.1  
9

**Dorcas Farr**

Creditor's Name  
**c/o Debra Delmar  
505 Ainalako Road  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct# 9547**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

**\$40.11**

**\$27,473.94**

2.2  
0

**Gordon Figueroa**

Creditor's Name  
**c/o Beverly Shiroma  
P.O. Box 96  
Honomu, HI 96728**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct# 9547**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**\$192.17**

**\$27,473.94**

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if know) **19-01266**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.2  
1

**Ada Forand**

Creditor's Name

**c/o Charles Smith  
75-648 Hoomama Street  
Kailua Kona, HI 96740**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct# 9547**

**\$0.00**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

2.2  
2

**Robert Freitas**

Creditor's Name

**c/o Charlotte Hamada  
1582 Kaunala Way  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct# 9547**

**\$350.07**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

2.2  
3

**Angel Genobaga**

Creditor's Name

**c/o Cindy Malakaua  
1582 Kaunala Way  
Hilo, HI 96720**

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct# 9547**

**\$429.55**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

2.2  
4

**James Gwaltney**

Creditor's Name

**563 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct#  
9547**

**\$7,839.61**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.2  
5

**Linda Hellesen**

Creditor's Name

**563 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct#  
9547**

**\$1,001.39**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if know) **19-01266**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.2  
6

**George Henas**

Creditor's Name

**c/o Carrie Henas  
P.O. Box 1419  
Kailua Kona, HI 96745**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct#  
9547**

**\$75.09**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.2  
7

**Maryjane Kalani**

Creditor's Name

**c/o Marilyn Nascimento  
RR3 Box 1387  
Pahoa, HI 96778**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct#  
9547**

**\$120.55**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.2  
8

**Charlene Kamekona**

Creditor's Name

**563 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct#  
9547**

**\$170.14**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if know)

**19-01266**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☒ Unliquidated  
☐ Disputed

2.2  
9

**Harry Kansaku**

Creditor's Name  
**c/o Iris Kansaku  
P.O. Box 106  
Papaikou, HI 96781**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct# 9547**

**\$1,498.25**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☒ Unliquidated  
☐ Disputed

2.3  
0

**Loreta Labicani**

Creditor's Name  
**c/o Pauline Peralta  
4114 Cheeney Street  
Santa Clara, CA 95054**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct# 9547**

**\$1,845.84**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if know) **19-01266**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.3  
1

**Francene Leong**

Creditor's Name

**16-2036 37th Avenue  
Keaau, HI 96749**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct#  
9547**

**\$45.00**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.3  
2

**David Low**

Creditor's Name

**c/o Andrea Low  
P.O. Box 3793  
Stateline, NV 89449**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct#  
9547**

**\$1,131.45**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.3  
3

**Thelma Martin**

Creditor's Name

**c/o Yolanda Keehne  
69 Uhaloa Place  
Hilo, HI 96720**

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct#  
9547**

**\$40.01**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if know)

**19-01266**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☒ Unliquidated  
☐ Disputed

2.3  
4

**Teruko Matsunaga**

Creditor's Name

**c/o Carl Matsunaga  
1583 Lei Lehua Street  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct# 9547**

**\$699.56**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☒ Unliquidated  
☐ Disputed

2.3  
5

**Fumiko Monkawa**

Creditor's Name

**c/o Ann Cristobal  
866 Komomala Drive  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct# 9547**

**\$156.18**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if know) **19-01266**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent

☒ Unliquidated

☐ Disputed

2.3  
6

**Alma Nabarro**

Creditor's Name

**c/o Nona Sasahara  
129 Krauss Avenue  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct#  
9547**

**\$982.90**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.3  
7

**Frank Nobriga**

Creditor's Name

**563 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct#  
9547**

**\$198.49**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.3  
8

**Robert Oest**

Creditor's Name

**563 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

**Resident Trust Account - Savings - Acct#  
9547**

**\$150.55**

**\$27,473.94**

**Describe the lien**

**Resident Trust Account**

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if know)

**19-01266**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☒ Unliquidated  
☐ Disputed

2.3  
9

**John Oharra**

Creditor's Name

**563 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct#  
9547**

**\$50.06**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☒ Unliquidated  
☐ Disputed

2.4  
0

**Charles Oliver**

Creditor's Name

**563 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct#  
9547**

**\$300.53**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No  
☐ Yes

Is anyone else liable on this claim?

☒ No  
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:  
Check all that apply

☐ Contingent  
☒ Unliquidated  
☐ Disputed

2.4 1	<b>Natividad Pinzon</b> Creditor's Name <b>c/o Edward Pinzon</b> <b>15-1721 Keaau Pahoa Hwy</b> <b>Keaau, HI 96749</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>Resident Trust Account - Savings - Acct# 9547</b>  <b>Describe the lien</b> <b>Resident Trust Account</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$25.99</b>	<b>\$27,473.94</b>
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2.4 2	<b>Margarite Ringer</b> Creditor's Name <b>563 Kaumana Drive</b> <b>Hilo, HI 96720</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>Resident Trust Account - Savings - Acct# 9547</b>  <b>Describe the lien</b> <b>Resident Trust Account</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$27,473.94</b>
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2.4 3	<b>Marie Searle</b> Creditor's Name <b>c/o Joseph Martinez</b> <b>P.O. Box 10977</b> <b>Hilo, HI 96720</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>	<b>Describe debtor's property that is subject to a lien</b> <b>Resident Trust Account - Savings - Acct# 9547</b>  <b>Describe the lien</b> <b>Resident Trust Account</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No	<b>\$1,306.00</b>	<b>\$27,473.94</b>
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☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.4  
4

**Delton Souza**

Creditor's Name

**16-2469 Ainaola Drive  
Pahoa, HI 96778**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct# 9547**

**\$778.10**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.4  
5

**Sadako Suzuki**

Creditor's Name

**c/o Susan Matsuda  
41 Makaala St.  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct# 9547**

**\$79.80**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.4  
6

**Aki Takeguchi**

Describe debtor's property that is subject to a lien

**\$0.00**

**\$27,473.94**

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if know)

**19-01266**

Creditor's Name  
**c/o Sidney Takeguchi**  
**789 Edena Street**  
**Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Resident Trust Account - Savings - Acct# 9547**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.4  
7

**Diane Uchima**

Creditor's Name

**563 Kaumana Drive**  
**Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No  
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct# 9547**

**\$1,254.76**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☒ Unliquidated

☐ Disputed

2.4  
8

**Theodor Van Gelder**

Creditor's Name

**c/o Melissa Fuka**  
**777 Kilauea Avenue**  
**Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe debtor's property that is subject to a lien

**Resident Trust Account - Savings - Acct# 9547**

**\$50.09**

**\$27,473.94**

Describe the lien

**Resident Trust Account**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed2.4  
9**Claude Vedel**

Creditor's Name

**563 Kaumana Drive  
Hilo, HI 96720**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$1,638.76****\$27,473.94****Resident Trust Account - Savings - Acct#  
9547****Describe the lien****Resident Trust Account****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed2.5  
0**XYNERGY Healthcare  
Capital II LLC**

Creditor's Name

**2650 N Military Trail, Suite  
420****Boca Raton, FL 33431**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$0.00****\$0.00****Describe the lien****Financing Statement****Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$15,323,188.  
73****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<b>Carien Van Gelder</b> <b>13 Hemlock Street</b> <b>Worcester, MA 01602</b>	Line <b>2.48</b>	
<b>Melissa Fuka, Hilo Off. of Pub. Guardian</b> <b>777 Kilauea Avenue</b> <b>Hilo, HI 96720</b>	Line <b>2.49</b>	

**Fill in this information to identify the case:**Debtor name **Kaumana Drive Partners, LLC**United States Bankruptcy Court for the: **DISTRICT OF HAWAII**Case number (if known) **19-01266**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Abrien Aguirre</b> <b>131 Kukuau St. Apt 202</b> <b>Apt. 202</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,291.39</b>	<b>\$1,146.96</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued Vacation (\$521.05); Accrued Sick (\$625.91)</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Sharon Ahia</b> <b>13-345 Kamaili Rd.</b> <b>Pahoa, HI 96778</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$941.46</b>	<b>\$598.46</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$271.87); Accrued sick (\$326.59)</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266	
2.3	Priority creditor's name and mailing address <b>Samlyn Aiwohi</b> <b>P. O. Box 11327</b> <b>Hilo, HI 96721</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$984.70</b>	<b>\$412.65</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued Vacation (\$129.27); Accrued Sick (\$283.38)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.4	Priority creditor's name and mailing address <b>Lougelyn Asencion</b> <b>137 Kaumana Dr</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,566.26</b>	<b>\$490.74</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$421.04); Accrued sick (\$69.70)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address <b>Leisha Ashley</b> <b>169 Hoku St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$875.44</b>	<b>\$574.48</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$260.98); Accrued sick (\$313.50)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address <b>Vivan Ashton</b> <b>Hc3 Box 4646</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,059.61</b>	<b>\$1,059.61</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$453.11); Accrued sick (\$606.50)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266
2.7	Priority creditor's name and mailing address <b>Mark Balicoco</b> <b>16-1614 Keaau Pahoa Rd.</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$810.35</b> <b>\$502.83</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$228.43); Accrued sick (\$274.40)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.8	Priority creditor's name and mailing address <b>Rachel Bega</b> <b>HC 1 Box 5016</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,368.80</b> <b>\$1,216.01</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$625.31); Accrued sick (\$590.70)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.9	Priority creditor's name and mailing address <b>Genesis Berona</b> <b>11 Mopua Place</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,753.45</b> <b>\$491.67</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$223.36); Accrued sick (\$268.31)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.10	Priority creditor's name and mailing address <b>Jesus Bilango</b> <b>2608 Kinoole Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,398.10</b> <b>\$807.17</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$336.69); Accrued sick (\$440.48)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	<b>Kaumana Drive Partners, LLC</b> Name	Case number (if known)	<b>19-01266</b>	
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2.11	Priority creditor's name and mailing address <b>Gayle Bovee</b> <b>P O Box 1435</b> <b>Hilo, HI 96721</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,112.83</b>	<b>\$1,924.47</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$1,003.83); Accrued sick (\$920.64)</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.12	Priority creditor's name and mailing address <b>Ryan Brimley</b> <b>106 Liliuokalani Lane</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$849.64</b>	<b>\$131.30</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$59.65); Accrued sick (\$71.65)</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.13	Priority creditor's name and mailing address <b>Shania Bukoski</b> <b>P.O. Box 711467</b> <b>Mountain view, HI 96771</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$199.45</b>	<b>\$199.45</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$90.61); Accrued sick (\$108.84)</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.14	Priority creditor's name and mailing address <b>Maria Byng</b> <b>135 Pakalana St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$269.05</b>	<b>\$269.05</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$122.23); Accrued sick (\$146.82)</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266
2.15	Priority creditor's name and mailing address <b>Kharen Cabuyadao</b> <b>2177 B. Awapuhi St</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$428.82    \$428.82</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$213.07); Accrued sick (\$215.75)</b>	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.16	Priority creditor's name and mailing address <b>Daylan Capello</b> <b>1370 Ululani Street Apt A 208</b> <b>Apt. 208</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,228.77    \$653.22</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$296.75); Accrued sick (\$356.47)</b>	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.17	Priority creditor's name and mailing address <b>Shona Compoc</b> <b>110 Likeke Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,416.28    \$1,048.05</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$476.12); Accrued sick (\$571.93)</b>	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.18	Priority creditor's name and mailing address <b>Joshua Cordero</b> <b>PO Box 11293</b> <b>Hilo, HI 96721</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$309.84    \$309.84</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$75.13); Accrued sick (\$234.71)</b>	
		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-01266
2.19	Priority creditor's name and mailing address <b>Rachiel Corpuz</b> <b>17-109 Kulina Rd.</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$622.50    \$223.22</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$155.86); Accrued sick (\$67.36)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.20	Priority creditor's name and mailing address <b>Veniece Corpuz</b> <b>17-109 Kulina Rd. Apt. A</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,950.18    \$553.14</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$251.28); Accrued sick (\$301.86)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.21	Priority creditor's name and mailing address <b>County of Hawaii</b> <b>101 Aupuni Street, Suite 4</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00    \$0.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>Real property taxes</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.22	Priority creditor's name and mailing address <b>Angela Cubangbang</b> <b>P.O. Box 6165</b> <b>Apt. A</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,075.79    \$521.56</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$236.94); Accrued sick (\$284.62)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	<b>Kaumana Drive Partners, LLC</b> Name	Case number (if known)	<b>19-01266</b>	
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2.23	Priority creditor's name and mailing address <b>Amelyn Dalmacio</b> <b>2282 Awapuhi Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$11,778.09</b>	<b>\$2,408.46</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$1,504.71); Accrued sick (\$903.74)</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.24	Priority creditor's name and mailing address <b>Charlene Dalmacio</b> <b>PO Box 743</b> <b>Kurtistown, HI 96760</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.25	Priority creditor's name and mailing address <b>Jacqueline Danner</b> <b>RR2 Box 4632</b> <b>Pahoa, HI 96778</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$43.34</b>	<b>\$43.34</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$19.69); Accrued sick (\$23.65)</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.26	Priority creditor's name and mailing address <b>Evelyne Dayoan</b> <b>151308 Naupaka Street</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,497.58</b>	<b>\$397.35</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$92.15); Accrued sick (\$305.20)</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266
2.27	Priority creditor's name and mailing address <b>Joy Dela Cruz</b> <b>28-2829 Hawaii Belt Road</b> <b>Apt. A</b> <b>Pepeekeo, HI 96783</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$880.64</b> <b>\$662.20</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$300.83); Accrued sick (\$361.37)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.28	Priority creditor's name and mailing address <b>Divina Duran</b> <b>Rra Box 2418</b> <b>Pahoa, HI 96778</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,711.23</b> <b>\$190.38</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$86.49); Accrued sick (\$103.89)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.29	Priority creditor's name and mailing address <b>Sirinthip Eagleman</b> <b>475 Kinooole St., Ste. 102</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$16.25</b> <b>\$16.25</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$7.38); Accrued sick (\$8.87)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.30	Priority creditor's name and mailing address <b>Jodi Ellazar</b> <b>910 Kaiwika Road</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$461.06</b> <b>Unknown</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation and Accrued sick</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	<b>Kaumana Drive Partners, LLC</b> Name	Case number (if known)	<b>19-01266</b>
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2.31	Priority creditor's name and mailing address <b>Sadie Evangelista</b> <b>17-175 Palaai St</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,810.35</b>	<b>\$367.89</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$167.13); Accrued sick (\$200.76)</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.32	Priority creditor's name and mailing address <b>Rachell Exaltacion Itabac</b> <b>27-343 Govt Road</b> <b>Papaikou, HI 96781</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,850.16</b>	<b>\$542.85</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$246.61); Accrued sick (\$296.24)</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.33	Priority creditor's name and mailing address <b>Shawn Farley</b> <b>11-3927 Nahelenani St.</b> <b>Volcano, HI 96785</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$871.74</b>	<b>\$871.74</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$516.92); Accrued sick (\$354.82)</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.34	Priority creditor's name and mailing address <b>Shelly Felix</b> <b>PO Box 7207</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$503.83</b>	<b>\$503.83</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$228.89); Accrued sick (\$274.95)</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266
2.35	Priority creditor's name and mailing address <b>Mason Figueroa</b> <b>174 Leimamo St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$292.49    \$275.95</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$125.36); Accrued sick (\$150.59)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.36	Priority creditor's name and mailing address <b>Dana Freitas</b> <b>563 Kaumana Drive</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,707.20    \$1,715.34</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$1,071.68); Accrued sick (\$643.66)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.37	Priority creditor's name and mailing address <b>Tiana Fretias</b> <b>15-1621 23rd Ave</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$579.15    \$408.70</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$185.67); Accrued sick (\$223.03)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.38	Priority creditor's name and mailing address <b>April Gae Gaces</b> <b>16-784 Kaluha Place</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,790.69    \$586.28</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$266.34); Accrued sick (\$319.94)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-01266
2.39	Priority creditor's name and mailing address <b>Deanna Ganigan</b> <b>134 Desha Avenue</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$776.71      \$499.24</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$226.80); Accrued sick (\$272.44)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.40	Priority creditor's name and mailing address <b>Marlene Gapusan</b> <b>680 A Lama St</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,735.26      \$1,556.51</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$972.45); Accrued sick (\$584.06)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.41	Priority creditor's name and mailing address <b>Kimberly Gonsalves-Higa</b> <b>1216 Honua Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$14,046.91      \$2,409.09</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$1,505.11); Accrued sick (\$903.98)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.42	Priority creditor's name and mailing address <b>Jayte Gonzales-Albez</b> <b>1352 Kaumana Drive</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,163.25      \$597.07</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$271.24); Accrued sick (\$325.83)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Kaumana Drive Partners, LLC</b> Name	Case number (if known)	<b>19-01266</b>
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2.43	Priority creditor's name and mailing address <b>Tracie Hamilton</b> <b>224 Kaumana Drive</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,729.51</b>	<b>\$981.93</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$422.70); Accrued sick (\$559.23)</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.44	Priority creditor's name and mailing address <b>Dominic Hiro</b> <b>263 Lama Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,103.40</b>	<b>\$10.34</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$6.46); Accrued sick (\$3.88)</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.45	Priority creditor's name and mailing address <b>Winne Hisaiah</b> <b>430 W Kawili Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,558.21</b>	<b>\$353.74</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$160.70); Accrued sick (\$193.04)</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.46	Priority creditor's name and mailing address <b>Kimberly Hodson</b> <b>HCR 1 BOX 5212</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$431.65</b>	<b>\$431.65</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$196.11); Accrued sick (\$235.54)</b>		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266
2.47	Priority creditor's name and mailing address <b>Dennis Hokama</b> <b>516 Awela St</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,386.23</b> <b>\$1,549.03</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$967.78); Accrued sick (\$581.26)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.48	Priority creditor's name and mailing address <b>Emma Ruth Igloria</b> <b>P O Box 972</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,150.50</b> <b>\$1,933.97</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$1,208.27); Accrued sick (\$725.70)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.49	Priority creditor's name and mailing address <b>Jolan Iwata</b> <b>Hcr 3 Box 14023</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,744.27</b> <b>\$403.35</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$252.00); Accrued sick (\$151.35)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.50	Priority creditor's name and mailing address <b>Cristina Jackson</b> <b>16-2066 Ohia Drive</b> <b>Pahoa, HI 96778</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,154.58</b> <b>\$419.69</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$190.66); Accrued sick (\$229.03)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-01266	
2.51	Priority creditor's name and mailing address <b>Drena Jessop</b> <b>25?2575 Nolemana Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,262.80</b>	<b>\$836.20</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$522.42); Accrued sick (\$313.77)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.52	Priority creditor's name and mailing address <b>Eleisha Johnson</b> <b>16-2084 Uau 5 Rd.</b> <b>Mountain View, HI 96771</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$518.08</b>	<b>\$518.08</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$316.06); Accrued sick (\$202.02)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.53	Priority creditor's name and mailing address <b>Matthew Johnston</b> <b>30 Waihau Lane</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,698.02</b>	<b>\$1,361.17</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$394.47); Accrued sick (\$996.7)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.54	Priority creditor's name and mailing address <b>Kathy Kaaumoana</b> <b>P O Box 1668</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,914.69</b>	<b>\$374.07</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$169.94); Accrued sick (\$204.13)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266	
2.55	Priority creditor's name and mailing address <b>Kekai Kahakua</b> <b>151 Pilipa'a St</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$831.81</b>	<b>\$577.94</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$262.55); Accrued sick (\$315.39)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.56	Priority creditor's name and mailing address <b>Ngair Kahakua</b> <b>128 Waenakonu Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,933.97</b>	<b>\$1,016.50</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$635.07); Accrued sick (\$381.43)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.57	Priority creditor's name and mailing address <b>Loran Kahalehili</b> <b>12A Melani St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$628.11</b>	<b>\$575.08</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$290.47); Accrued sick (\$284.62)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.58	Priority creditor's name and mailing address <b>Lepekakukunaokala Kalani</b> <b>PO Box 831115</b> <b>Pepeekeo, HI 96783</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$418.69</b>	<b>\$402.36</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$149.25); Accrued sick (\$253.11)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266
2.59	Priority creditor's name and mailing address <b>Celene Kalima</b> <b>1135 Waialeale Pl</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,661.91</b> <b>\$611.67</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$328.15); Accrued sick (\$229.52)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.60	Priority creditor's name and mailing address <b>Azrie Kama</b> <b>335 A Iwalani St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$999.25</b> <b>\$538.28</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$244.53); Accrued sick (\$293.74)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.61	Priority creditor's name and mailing address <b>Janelle Kamahele</b> <b>22 West Kawaiilani Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,315.01</b> <b>\$594.38</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$270.02); Accrued sick (\$324.36)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.62	Priority creditor's name and mailing address <b>Barrilyn Kamalii</b> <b>334 Luhau Place</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$474.13</b> <b>\$474.13</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$215.39); Accrued sick (\$258.74)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-01266	
2.63	Priority creditor's name and mailing address <b>Ashlyn Kaneshiro</b> <b>15-1670 21 St.</b> <b>keaaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$789.16</b>	<b>\$575.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$261.22); Accrued sick (\$313.78)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.64	Priority creditor's name and mailing address <b>Sarah Kanui</b> <b>537 E Kahaopea St</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$907.98</b>	<b>\$255.76</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$116.19); Accrued sick (\$139.57)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.65	Priority creditor's name and mailing address <b>Ana Katoa</b> <b>52 E Ohea St</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,062.63</b>	<b>\$534.44</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$242.79); Accrued sick (\$291.65)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.66	Priority creditor's name and mailing address <b>Lito Lagundi</b> <b>11A Aikane Road</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$3,347.54</b>	<b>\$596.86</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$271.15); Accrued sick (\$325.71)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266
2.67	Priority creditor's name and mailing address <b>Caylee Ledesma</b> <b>230 Kapiolani St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$608.68</b> <b>\$461.26</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$230.86); Accrued sick (\$230.40)</b>	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.68	Priority creditor's name and mailing address <b>Janice Lee</b> <b>263 Lama Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,893.75</b> <b>\$1,207.09</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$754.14); Accrued sick (\$452.94)</b>	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.69	Priority creditor's name and mailing address <b>Jarom Lee</b> <b>P.O. Box 461</b> <b>Kurtistown, HI 96760</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,083.52</b> <b>\$1,588.27</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$992.29); Accrued sick (\$595.98)</b>	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.70	Priority creditor's name and mailing address <b>Jovy Lee</b> <b>1505 Railroad Avenue</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$590.85</b> <b>\$98.53</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$44.76); Accrued sick (\$53.77)</b>	
	Last 4 digits of account number  Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-01266
2.71	Priority creditor's name and mailing address <b>Bessie Letson</b> <b>3505 Kinoole Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$13.63</b> <b>\$13.63</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$6.19); Accrued sick (\$7.44)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.72	Priority creditor's name and mailing address <b>Debe Libed</b> <b>2354 A Kinoole Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$777.94</b> <b>\$459.28</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$223.74); Accrued sick (\$235.55)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.73	Priority creditor's name and mailing address <b>Jo-An Lo</b> <b>P O Box 10203</b> <b>Hilo, HI 96721</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,177.96</b> <b>\$1,010.42</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$459.02); Accrued sick (\$551.40)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.74	Priority creditor's name and mailing address <b>Susanne Lyle</b> <b>PO Box 180324</b> <b>Hawaii National Park, HI 96718</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,355.02</b> <b>\$963.57</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$483.58); Accrued sick (\$479.99)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	<b>Kaumana Drive Partners, LLC</b> Name	Case number (if known)	<b>19-01266</b>
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2.75	Priority creditor's name and mailing address <b>Kapua Mahi-Iokia</b> <b>121 Pakalana Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$42.15</b>	<b>\$42.15</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$19.15); Accrued sick (\$23.00)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.76	Priority creditor's name and mailing address <b>Kailee Malapitan</b> <b>337 Uilani St., Apt. 103</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$36.45</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.77	Priority creditor's name and mailing address <b>Earl Maltezo</b> <b>790 Kaumana Drive</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$10,815.90</b>	<b>\$2,408.46</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$1,504.72); Accrued sick (\$903.74)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.78	Priority creditor's name and mailing address <b>Jordyn Mansinon</b> <b>302 King Ave.</b> <b>Apt. 104</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$482.74</b>	<b>\$448.07</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$203.55); Accrued sick (\$244.52)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266
2.79	Priority creditor's name and mailing address <b>Kawaiola Medallia</b> <b>466 Hinano St. Apt. 104</b> <b>Hilo, HI 96721</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$341.89</b> <b>\$318.49</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$237.08); Accrued sick (\$81.41)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.80	Priority creditor's name and mailing address <b>James Medonza</b> <b>P O Box 492701</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,146.56</b> <b>\$602.44</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$273.68); Accrued sick (\$328.76)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.81	Priority creditor's name and mailing address <b>Evan Mee Lee</b> <b>740 Wainaku Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$407.09</b> <b>\$407.09</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$197.56); Accrued sick (\$209.53)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.82	Priority creditor's name and mailing address <b>Maria Mena</b> <b>16-1515 Uau Rd.</b> <b>Mountain View, HI 96771</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$80.01</b> <b>\$80.01</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim: <b>Accrued vacation (\$36.35); Accrued sick (\$43.66)</b>  Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-01266
2.83	Priority creditor's name and mailing address <b>Erlinda Mendoza</b> <b>16-2064 Hapuu Dr</b> <b>Pahoa, HI 96778</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,421.72    \$585.94</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$266.19); Accrued sick (\$319.76)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.84	Priority creditor's name and mailing address <b>Eufemia Mendoza</b> <b>16-2064 Hapuu Dr</b> <b>Pahoa, HI 96778</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,146.56    \$602.44</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$273.68); Accrued sick (\$328.76)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.85	Priority creditor's name and mailing address <b>Matthew Miguel</b> <b>322 Kukuau St</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$6,479.72    \$805.54</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$793.84); Accrued sick (\$476.78)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.86	Priority creditor's name and mailing address <b>Kathleen Milliken</b> <b>P O Box 1127</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$189.70    \$189.70</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$189.70); Accrued sick (\$189.70)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-01266	
2.87	Priority creditor's name and mailing address <b>Ludivina Molina</b> <b>Hcr 2 Box 6063</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$868.21</b>	<b>\$538.33</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$247.24); Accrued sick (\$291.09)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.88	Priority creditor's name and mailing address <b>Melanie Molinero</b> <b>114 Pilipa'a St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$288.87</b>	<b>\$288.87</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$131.23); Accrued sick (\$157.64)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.89	Priority creditor's name and mailing address <b>Jackielyn Moreno</b> <b>P. O. Box 1322</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,678.51</b>	<b>\$637.96</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$322.29); Accrued sick (\$315.67)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.90	Priority creditor's name and mailing address <b>Rodolfo Murillo Gonzalez</b> <b>PO Box 9</b> <b>Ninole, HI 96773</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$905.68</b>	<b>\$550.92</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$250.28); Accrued sick (\$300.64)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266	
2.91	Priority creditor's name and mailing address <b>Teisha Nacis</b> <b>1656 Nohoana St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$664.86</b>	<b>\$664.86</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$415.38); Accrued sick (\$249.48)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.92	Priority creditor's name and mailing address <b>Abraham Narvaez</b> <b>10 Ala Oli St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$24.38</b>	<b>\$24.38</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$11.08); Accrued sick (\$13.31)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.93	Priority creditor's name and mailing address <b>Nichole Nobriga</b> <b>10 Ala Oli St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$72.04</b>	<b>\$0.00</b>
	Date or dates debt was incurred	Basis for the claim: <b>Non-priority Accrued vacation (\$72.04); Accrued sick (\$0.00)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.94	Priority creditor's name and mailing address <b>Maria Ochoa Smith</b> <b>P. O. Box 1117</b> <b>Kurtistown, HI 96760</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$5,318.94</b>	<b>\$2,160.05</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$1,349.52); Accrued sick (\$810.53)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266
2.95	Priority creditor's name and mailing address <b>Joyce Oli</b> <b>27-102 Lali Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$304.50</b> <b>\$210.24</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$95.51); Accrued sick (\$114.73)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.96	Priority creditor's name and mailing address <b>Danny Ortega</b> <b>346 Kauila Street</b> <b>Pepeekeo, HI 96783</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,004.26</b> <b>\$425.94</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$257.50); Accrued sick (\$168.44)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.97	Priority creditor's name and mailing address <b>Edna Palacol</b> <b>PO Box 141</b> <b>Papaikou, HI 96781</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,127.56</b> <b>\$620.33</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$281.81); Accrued sick (\$338.52)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.98	Priority creditor's name and mailing address <b>Susan Pasion</b> <b>523 W Kawaihani St</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,702.97</b> <b>\$505.17</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$275.68); Accrued sick (\$229.49)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-01266		
2.99	Priority creditor's name and mailing address <b>Michael Patterson</b> <b>563 Kaumana Drive</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$13.63</b>	<b>\$13.63</b>	
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$6.19); Accrued sick (\$7.44)</b>			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
2.100	Priority creditor's name and mailing address <b>Florielee Paz</b> <b>P.O. Box 492837</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>	
	Date or dates debt was incurred	Basis for the claim: <b>Former employee</b>			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.101	Priority creditor's name and mailing address <b>Anabel Pidong</b> <b>P O Box 492878</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,707.45</b>	<b>\$582.96</b>	
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$264.83); Accrued sick (\$318.13)</b>			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
2.102	Priority creditor's name and mailing address <b>Sara Pinc</b> <b>346 Kauila St</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$597.30</b>	<b>\$315.91</b>	
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$237.83); Accrued sick (\$78.38)</b>			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

Debtor	Name	Case number (if known)	19-01266	
2.103	Priority creditor's name and mailing address <b>Stephanie Popadic</b> <b>297 Kulana St</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,064.05</b>	<b>\$213.91</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$97.18); Accrued sick (\$116.73)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.104	Priority creditor's name and mailing address <b>Charlotte Rawlins</b> <b>PO Box 1266</b> <b>Mountain View, HI 96771</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$514.62</b>	<b>\$324.99</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$196.80); Accrued sick (\$128.19)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.105	Priority creditor's name and mailing address <b>Karly Reuelman</b> <b>2504 Palai Hili Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$266.30</b>	<b>\$194.75</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$96.67); Accrued sick (\$98.08)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.106	Priority creditor's name and mailing address <b>Tracy Rodrigues</b> <b>322 Kukuau St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$75.26</b>	<b>\$75.26</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$34.19); Accrued sick (\$41.07)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266	
2.107	Priority creditor's name and mailing address <b>Sean Rose</b> <b>13?3432 Makamae Street</b> <b>Pahoa, HI 96778</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$359.36</b>	<b>\$359.36</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$222.18); Accrued sick (\$137.17)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.108	Priority creditor's name and mailing address <b>Frances Ross</b> <b>PO Box 262</b> <b>Honolulu, HI 96728</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,786.35</b>	<b>\$442.08</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$200.83); Accrued sick (\$241.25)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.109	Priority creditor's name and mailing address <b>Joy Ross</b> <b>P.O. Box 606</b> <b>Kurtistown, HI 96760</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$574.02</b>	<b>\$574.02</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$339.96); Accrued sick (\$234.06)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.110	Priority creditor's name and mailing address <b>Mary Ross</b> <b>28-1708 Old Mamalahoa HWY</b> <b>Honolulu, HI 96728</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,030.10</b>	<b>\$923.78</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$419.66); Accrued sick (\$504.12)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	<b>Kaumana Drive Partners, LLC</b> Name	Case number (if known)	<b>19-01266</b>
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2.111	Priority creditor's name and mailing address <b>Chelsie Saiho</b> <b>PO Box 5855</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$140.16</b>	<b>\$140.16</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$63.67); Accrued sick (\$76.48)</b>		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.112	Priority creditor's name and mailing address <b>Taylor Salgado-Ganzagan</b>  <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$162.44</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>Priority Accrued vacation (\$0.00); Accrued sick (\$0.00)</b>		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.113	Priority creditor's name and mailing address <b>Randy Saluda</b> <b>840 Iolani Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$98.68</b>	<b>\$94.76</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$13.09); Accrued sick (\$81.67)</b>		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.114	Priority creditor's name and mailing address <b>Nestor Saludaes</b> <b>392 Kaiwiki Road</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$724.29</b>	<b>\$617.91</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$280.71); Accrued sick (\$337.20)</b>		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266
2.115	Priority creditor's name and mailing address <b>Thalene Santiagao</b> <b>335 Keonaona St</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,757.33      \$1,080.03</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$674.76); Accrued sick (\$405.27)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.116	Priority creditor's name and mailing address <b>Karen Sawyer</b> <b>P. O. Box 5692</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$13,274.29      \$3,176.55</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$1,984.59); Accrued sick (\$1,191.96)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.117	Priority creditor's name and mailing address <b>Harold Seales</b> <b>P O Box 1651</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,479.83      \$566.96</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$257.56); Accrued sick (\$309.39)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.118	Priority creditor's name and mailing address <b>Tammy Silva</b> <b>2506 Nohona Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$13,740.41      \$4,764.82</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$2,976.88); Accrued sick (\$1,787.94)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	<b>Kaumana Drive Partners, LLC</b> Name	Case number (if known)	<b>19-01266</b>
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2.119	Priority creditor's name and mailing address <b>Eden Sinco</b> <b>27-343 Government Road</b> <b>Papaikou, HI 96781</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,248.44</b>	<b>\$617.86</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$1,248.44); Accrued sick (\$617.86)</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.120	Priority creditor's name and mailing address <b>Charlene Soriano</b> <b>563 Kaumana Drive</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$714.63</b>	<b>\$393.33</b>
Date or dates debt was incurred		Basis for the claim: <b>Accrued vacation (\$131.05); Accrued sick (\$262.28)</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

  

2.121	Priority creditor's name and mailing address <b>State of Hawaii Department of Taxation</b> <b>Attn: Bankruptcy Unit</b> <b>P.O. Box 259</b> <b>Honolulu, HI 96813</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,618,015.23</b>	<b>\$1,326,034.58</b>
Date or dates debt was incurred		Basis for the claim: <b>General Excise Taxes</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.122	Priority creditor's name and mailing address <b>State of Hawaii, DLIR, Unemployment Ins</b> <b>830 Punchbowl St. Rm 437</b> <b>Honolulu, HI 96813</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266	
2.123	Priority creditor's name and mailing address <b>Michael Stevens</b> <b>250 Kaiulani Street</b> <b>Apt. 204</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$182.75</b>	<b>\$182.75</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$10.39); Accrued sick (\$172.36)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.124	Priority creditor's name and mailing address <b>Marciel Tagalicud</b> <b>P O Box 1845</b> <b>Pahoa, HI 96778</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,362.53</b>	<b>\$567.33</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$257.73); Accrued sick (\$309.60)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.125	Priority creditor's name and mailing address <b>Franzes Lyka Talon</b> <b>#12 Iwasaki Camp</b> <b>Keaau, HI 96749</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,237.90</b>	<b>\$569.35</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$258.65); Accrued sick (\$310.70)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
2.126	Priority creditor's name and mailing address <b>Melissa Tasaki(nka Melissa AdamsOsorio)</b> <b>242 Kapiolani St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$587.23</b>	<b>\$587.23</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued Vacation (\$347.75); Accrued sick (\$239.48)</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor	Name	Case number (if known)	19-01266
2.127	Priority creditor's name and mailing address <b>Justin Texeira</b> <b>112 Haile Street Apt 204</b> <b>Unit 9A</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$743.05      \$491.48</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$223.27); Accrued sick (\$268.21)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.128	Priority creditor's name and mailing address <b>Kaye Karren Topenio</b> <b>PO Box 870</b> <b>Volcano, HI 96785</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,914.87      \$1,177.69</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$735.77); Accrued sick (\$441.91)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.129	Priority creditor's name and mailing address <b>Elise Trumble</b> <b>P O Box 1755</b> <b>Hilo, HI 96721</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$868.92      \$165.13</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$75.02); Accrued sick (\$90.11)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.130	Priority creditor's name and mailing address <b>Kiani Urbano-Pepe'e</b> <b>1237 komohana St.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$482.45      \$482.45</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$219.17); Accrued sick (\$263.28)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor	Name	Case number (if known)	19-01266
2.131	Priority creditor's name and mailing address <b>Noland Villasista</b> <b>P O Box 25</b> <b>Apt 501</b> <b>Honolulu, HI 96728</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$688.00    \$570.69</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$259.26); Accrued sick (\$311.43)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.132	Priority creditor's name and mailing address <b>Aliyah Wery</b> <b>1352 Kaumana Dr.</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$586.27    \$435.94</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$261.84); Accrued sick (\$174.11)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.133	Priority creditor's name and mailing address <b>Lena Woodruff</b> <b>P.O. Box 2293</b> <b>Pahoa, HI 96778</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$52.15    \$52.15</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$23.69); Accrued sick (\$28.46)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
2.134	Priority creditor's name and mailing address <b>Charlene Yamasaki</b> <b>1475 Kikaha Street</b> <b>Hilo, HI 96720</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,901.80    \$1,524.74</b>
	Date or dates debt was incurred	Basis for the claim: <b>Accrued vacation (\$952.60); Accrued sick (\$572.14)</b>	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if known)

**19-01266**

2.135 Priority creditor's name and mailing address

**Mark Yaplag  
135 Alani St  
Hilo, HI 96720**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,559.27**

**\$522.96**

Date or dates debt was incurred

Basis for the claim:

**Accrued vacation (\$237.57); Accrued sick (\$285.38)**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☐ No  
☒ Yes

2.136 Priority creditor's name and mailing address

**Neander Ybanez  
338 Ainaola Dr  
Hilo, HI 96720**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,510.82**

**\$523.40**

Date or dates debt was incurred

Basis for the claim:

**Accrued vacation (\$237.77); Accrued sick (\$285.62)**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☐ No  
☒ Yes

2.137 Priority creditor's name and mailing address

**Kanani Yockman  
483 Keonaona St.  
Hilo, HI 96720**

As of the petition filing date, the claim is:

*Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**\$1,545.61**

**\$1,050.35**

Date or dates debt was incurred

Basis for the claim:

**Accrued vacation (\$)527.33; Accrued sick (\$523.02)**

Last 4 digits of account number

Is the claim subject to offset?

Specify Code subsection of PRIORITY  
unsecured claim: 11 U.S.C. § 507(a) (4)

- ☐ No  
☒ Yes

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1 Nonpriority creditor's name and mailing address

**Accelerated Care Plus Leasing Inc.  
13828 Collections Center DR  
Chicago, IL 60693**

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

**Amount of claim**

**\$1,772.25**

Date(s) debt was incurred \_

Basis for the claim: Goods or services rendered

Last 4 digits of account number \_

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if known) **19-01266**

3.2	Nonpriority creditor's name and mailing address <b>AMN Healthcare Allied, Inc.</b> <b>P.O. Box 281939</b> <b>Atlanta, GA 30384-1939</b> Date(s) debt was incurred <u>2016, 2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$122,327.51</b>
3.3	Nonpriority creditor's name and mailing address <b>Ashford &amp; Wriston, LLP</b> <b>999 Bishop Street</b> <b>Suite 1400</b> <b>Honolulu, HI 96813</b> Date(s) debt was incurred <u>2018, 2019</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$157,974.67</b>
3.4	Nonpriority creditor's name and mailing address <b>BKD, LLP</b> <b>P.O. Box 1190</b> <b>Springfield, MO 65801-1190</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$83,310.06</b>
3.5	Nonpriority creditor's name and mailing address <b>Briggs Healthcare</b> <b>4900 University Ave. Suite 200</b> <b>DES MOINES, IA 50266-1355</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$160.32</b>
3.6	Nonpriority creditor's name and mailing address <b>Brighton Rehabilitation</b> <b>206 NORTH 2100 WEST</b> <b>Salt Lake Cty, UT 84116</b> Date(s) debt was incurred <u>2016, 20177</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>\$473,255.93</b>
3.7	Nonpriority creditor's name and mailing address <b>Brighton Rehabilitation LLC</b> <b>206 North 2100 West</b> <b>Salt Lake City, UT 84116</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Counterclaim asserted against [Debtor] in Civil No. 1:18-cv-0024-JMS-KM; In the U.S. District Court for the District of Hawaii</u> Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<b>Unknown</b>
3.8	Nonpriority creditor's name and mailing address <b>Casamba</b> <b>5210 Lewis Road #10</b> <b>Agoura Hills, CA 91301</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$550.00</b>

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if known) **19-01266**

3.9	Nonpriority creditor's name and mailing address <b>County of Hawaii, DWS</b> <b>345 KEKUANAO'A ST., STE 20</b> <b>Hilo, HI 96720</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Services Rendered</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.10	Nonpriority creditor's name and mailing address <b>Dentons US LLP</b> <b>1001 Bishop Street</b> <b>Suite 1800</b> <b>Honolulu, HI 96813</b> Date(s) debt was incurred <u><b>2018, 2019</b></u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Legal services (indemnification)</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$529,740.15</b>
3.11	Nonpriority creditor's name and mailing address <b>DHHS/Ctr for Medicare and Medicaid Svcs</b> <b>Western Div of Survey</b> <b>90 7th Street, Suite 5-300 (5W)</b> <b>San Francisco, CA 94103-6707</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Civil Money Penalties</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$133,080.00</b>
3.12	Nonpriority creditor's name and mailing address <b>Direct Supply Inc.</b> <b>P.O. Box 88201</b> <b>Milwaukee, WI 53288</b> Date(s) debt was incurred <u><b>2019</b></u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Goods or services rendered</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,083.73</b>
3.13	Nonpriority creditor's name and mailing address <b>Dyatech, LLC</b> <b>805 S Wheatley St</b> <b>Ste 600</b> <b>Ridgeland, MS 39157</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Goods or services rendered</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$250.00</b>
3.14	Nonpriority creditor's name and mailing address <b>Ecolab</b> <b>P.O. Box 100512</b> <b>PASADENA, CA 96720-1812</b> Date(s) debt was incurred <u><b>2019</b></u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Goods or services rendered</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$795.75</b>
3.15	Nonpriority creditor's name and mailing address <b>EcoLab Food Safety Specialties</b> <b>24198 Network Place</b> <b>Chicago, IL 60673-1241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u><b>Goods or services rendered</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$873.79</b>

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3.16	Nonpriority creditor's name and mailing address <b>ECS Solutions</b> <b>P.O. Box 402</b> <b>Tiffin, OH 44883</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Goods or services rendered</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,461.25</b>
3.17	Nonpriority creditor's name and mailing address <b>Arlene M. Estacion</b> <b>25-2594 Nolemana Street</b> <b>Hilo, HI 96720</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  Basis for the claim: <b>Claim asserted in Civil No. 19-02555, In the U.S. District Court for the District of Hawaii</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.18	Nonpriority creditor's name and mailing address <b>FirstLease, Inc.</b> <b>P.O. Box 57309</b> <b>Philadelphia, PA 19111-7309</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Goods or services rendered</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,244.01</b>
3.19	Nonpriority creditor's name and mailing address <b>Hawaii Electric Light Company</b> <b>P.O. Box 29570</b> <b>Honolulu, HI 96820-1970</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Services Rendered</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,167.62</b>
3.20	Nonpriority creditor's name and mailing address <b>Hawaii Employers' Mutual Insurance Co.</b> <b>PO BOX 29050</b> <b>Honolulu, HI 96820-1450</b>  Date(s) debt was incurred <b>2019</b> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Insurance premiums / promissory note</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,344.26</b>
3.21	Nonpriority creditor's name and mailing address <b>Hawaii Gas</b> <b>P.O. Box 29850</b> <b>Honolulu, HI 96820-2250</b>  Date(s) debt was incurred <b>2019</b> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Goods or services rendered</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,987.14</b>
3.22	Nonpriority creditor's name and mailing address <b>Hawaii Hospital Education &amp; Research Fdn</b> <b>707 Richards Street, PH2</b> <b>Honolulu, HI 96813</b>  Date(s) debt was incurred <b>2019</b> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Goods or services rendered</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,628.00</b>

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3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Healthcare Association of Hawaii</b> <b>707 Richards Street, PH2</b> <b>Honolulu, HI 96813</b> Date(s) debt was incurred <u>2018, 2019</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Long Term Care Sustainability Program</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$23,989.89</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Hilo Medical Center</b> <b>1190 Wainanuenue Ave</b> <b>Hilo, HI 96720-2094</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$481.94</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>Hilo Products, Inc.</b> <b>41 Makaala Street</b> <b>Hilo, HI 96720</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$968.67</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Hilo SNF, LLC</b> <b>45-181 Waikalua Road</b> <b>Kaneohe, HI 96744</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Management Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>HMAA</b> <b>C/O PSH Ins., 737 Bishop St 12th Fl.</b> <b>Honolulu, HI 96813</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$31,266.48</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Kobayashi, Sugita &amp; Goda, LLP</b> <b>999 Bishop Street #2600</b> <b>Honolulu, HI 96813-4430</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Legal services (indemnification)</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$84,910.88</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>LitEcon LLP</b> <b>10 W Broadway #203</b> <b>Long Beach, CA 90802</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$19,305.00</b>

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3.30	Nonpriority creditor's name and mailing address <b>MEDLINE INDUSTRIES INC</b> <b>P.O. Box 121080, Dept 1080</b> <b>Dallas, TX 75312</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,857.61</b>
3.31	Nonpriority creditor's name and mailing address <b>Miller, Nash Graham &amp; Dunn</b> <b>3400 US Bancorp Tower</b> <b>111 S.W. Fifth Avenue</b> <b>Portland, OR 97204</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$782.50</b>
3.32	Nonpriority creditor's name and mailing address <b>MTX of Southwest Florida, Inc.</b> <b>P. O. Box 48426, Suite 227</b> <b>Tampa, FL 33647</b> Date(s) debt was incurred <u>2017, 2018</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,233.39</b>
3.33	Nonpriority creditor's name and mailing address <b>North Hawaii Community Hospital</b> <b>67-1125 Mamalahoa Hwy</b> <b>Kamuela, HI 96743</b> Date(s) debt was incurred <u>2018</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$121.92</b>
3.34	Nonpriority creditor's name and mailing address <b>Johnalyn Nosaka</b> <b>c/o Ted H.S. Hong</b> <b>P.O. Box 4217</b> <b>Hilo, HI 96720</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Counterclaim asserted in Civil No. 18-1184, Circuit Court of the Third Circuit, State of Hawaii</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.35	Nonpriority creditor's name and mailing address <b>Oahu Publications</b> <b>P. O. Box 31000</b> <b>Honolulu, HI 96849-5027</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$827.98</b>
3.36	Nonpriority creditor's name and mailing address <b>On Shift</b> <b>P.O. Box 207856</b> <b>Dallas, TX 75320-7856</b> Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,269.50</b>

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3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Carl Osaki, Esq.</b> <b>225 Queen Street #17H</b> <b>Honolulu, HI 96813</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Legal services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$102,414.73</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Pacific Guardian Life</b> <b>1440 Kapiolani Blvd., Suite 1700</b> <b>Honolulu, HI 96814</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>TDI Premium</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,750.51</b>
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Pacific Office Automation</b> <b>14747 NW Greenbrier Pkwy</b> <b>Beaverton, OR 97006</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,014.28</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes Global Financial Services</b> <b>P. O. Box 371874</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,360.24</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>PointClickCare Technologies, Inc.</b> <b>5570 Explorer Drive</b> <b>Mississauga, Ontario</b> <b>CANADA L4W0C4</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,320.00</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Premium Incorporated</b> <b>2644 Waiwai Loop</b> <b>Honolulu, HI 96819</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,580.08</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>R. Pumphrey and Associates</b> <b>3637 Medina Road</b> <b>Suite 95LL</b> <b>Medina, OH 44256</b> Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Accounting services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>

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3.44	Nonpriority creditor's name and mailing address <b>Registered Agent Solutions, Inc.</b> <b>1701 Directors Blvd., Suite 300</b> <b>Austin, TX 78744</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Goods or services rendered</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$162.00</b>
3.45	Nonpriority creditor's name and mailing address <b>SECLUD LLC</b> <b>7720 NE Why 99, Ste D177</b> <b>Vancouver, WA 98665</b> Date(s) debt was incurred <b>2019</b> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Goods or services rendered</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$850.00</b>
3.46	Nonpriority creditor's name and mailing address <b>SECURUS SYSTEMS INC</b> <b>P. O. Box 822772</b> <b>Vancouver, WA 98682-0059</b> Date(s) debt was incurred <b>2019</b> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Goods or services rendered</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,046.14</b>
3.47	Nonpriority creditor's name and mailing address <b>Silversage Management Services, PLLC</b> <b>P.O. Box 25523</b> <b>Chattanooga, TN 37422</b> Date(s) debt was incurred <b>2017-2019</b> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Goods or services rendered</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,470.00</b>
3.48	Nonpriority creditor's name and mailing address <b>Spectrum 8109 10 200 0315306</b> <b>P.O. Box 60074</b> <b>City of Industry, CA 91716-0074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Utility</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,901.54</b>
3.49	Nonpriority creditor's name and mailing address <b>Spectrum Business 083720201</b> <b>P.O. Box 60074</b> <b>City of Industry, CA 91716-0074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Utility</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,206.24</b>
3.50	Nonpriority creditor's name and mailing address <b>Spectrum Business Acct#8109102000297017</b> <b>P.O. Box 60074</b> <b>City of Industry, CA 91716-0074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Utility</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,663.16</b>

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3.51	Nonpriority creditor's name and mailing address <b>Spectrum Business Acct#8109102000314309</b> <b>P.O. Box 60074</b> <b>City of Industry, CA 91716-0074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$417.65</b>
3.52	Nonpriority creditor's name and mailing address <b>STAPLES BUSINESS ADVANTAGE</b> <b>P.O. Box 105638</b> <b>Atlanta, GA 30348-5638</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,563.42</b>
3.53	Nonpriority creditor's name and mailing address <b>State of Hawaii, Dept of Human Svcs</b> <b>P.O. Box 339</b> <b>Honolulu, HI 96809-0339</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Nursing Facility Sustainability Fee</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.54	Nonpriority creditor's name and mailing address <b>Suisan Co. Ltd.</b> <b>P.O. Box 366</b> <b>Hilo, HI 96721-0366</b> Date(s) debt was incurred <u>2019</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$150.65</b>
3.55	Nonpriority creditor's name and mailing address <b>SYSCO Hawaii</b> <b>P.O. Box 855</b> <b>Honolulu, HI 96808</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,642.64</b>
3.56	Nonpriority creditor's name and mailing address <b>TIAA Bank</b> <b>P.O. Box 911608</b> <b>Denver, CO 80291-1608</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,861.84</b>
3.57	Nonpriority creditor's name and mailing address <b>TTMM ENTERPRISES</b> <b>8022 S Rainbow Blvd #207</b> <b>Las Vegas, NV 89139</b> Date(s) debt was incurred <u>2017</u> Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods or services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,543.34</b>

Debtor **Kaumana Drive Partners, LLC**  
Name

Case number (if known) **19-01266**

3.58 Nonpriority creditor's name and mailing address  
**Victus Management**  
**2131 Palomar Airport Road, Suite 218**  
**Carlsbad, CA 92011**  
Date(s) debt was incurred \_\_\_\_  
Last 4 digits of account number \_\_\_\_

As of the petition filing date, the claim is: Check all that apply.

**\$298,110.49**

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Basis for the claim: **Management services**

Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Charles A. Price, Esq.</b> <b>707 Richards Street, Suite 610</b> <b>Honolulu, HI 96813</b>	Line <b>3.7</b>  <input type="checkbox"/> Not listed. Explain ____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1  
5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>1,873,671.18</b>
5b. +	\$ <b>2,221,051.15</b>
5c.	\$ <b>4,094,722.33</b>

**Fill in this information to identify the case:**

Debtor name **Kaumana Drive Partners, LLC**

United States Bankruptcy Court for the: **DISTRICT OF HAWAII**

Case number (if known) **19-01266**

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Operating Lease Agreement by and between Accelerated Care Plus Leasing, Inc. and [Debtor], as amended**

State the term remaining

List the contract number of any government contract

**Accelerated Care Plus Leasing Inc.  
13828 Collections Center DR  
Chicago, IL 60693**

2.2. State what the contract or lease is for and the nature of the debtor's interest

**Patient Trust Funds Bond - Bond No. 60125141 dated September 20, 2017, by Capitol Investment Corporation on behalf of [Debtor] as principal in favor of the State of Hawaii [as extended by Continuation Certificate dated 1/18/2019]**

State the term remaining

List the contract number of any government contract

**Capitol Indemnity Corporation  
P.O. Box 5900  
Madison, WI 53705-0900**

2.3. State what the contract or lease is for and the nature of the debtor's interest

**Billing and Consulting Services Agreement dated August 21, 2017 by and between ECS Billing and Consulting South, Inc. and Legacy Hilo Rehabilitation and Nursing Center.**

State the term remaining

List the contract number of any government contract

**ECS BILLING AND CONSULTING SOUTH, INC.  
5870 Venture Drive  
Dublin, OH 43017**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.4. State what the contract or lease is for and the nature of the debtor's interest **Electronic Trading Partner Agreement**

State the term remaining

List the contract number of any government contract

**Hawaii Medical Service Association  
818 Keeaumoku Street  
Honolulu, HI 96814**

2.5. State what the contract or lease is for and the nature of the debtor's interest **Participating Freestanding Institutional Provider Agreement by and between Hawaii Medical Service Association and [the Debtor]**

State the term remaining

List the contract number of any government contract

**Hawaii Medical Service Association  
818 Keeaumoku Street  
Honolulu, HI 96814**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Quest Integration Participating Freestanding Institutional Provider Agreement by and between Hawaii Medical Service Association, and [the Debtor]**

State the term remaining

List the contract number of any government contract

**Hawaii Medical Service Association  
818 Keeaumoku Street  
Honolulu, HI 96814**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Freestanding Institutional Provider Agreement for Medicare Plans by and between Hawaii Medical Service Association and [the Debtor]**

State the term remaining

List the contract number of any government contract

**Hawaii Medical Service Association  
818 Keeaumoku Street  
Honolulu, HI 96814**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **Statewide Transfer Agreement**

State the term remaining

List the contract number of any government contract

**Healthcare Association of Hawaii  
707 Richards Street, PH2  
Honolulu, HI 96813**

- 2.9. State what the contract or lease is for and the nature of the debtor's interest **Management Services Agreement by and between [Debtor] and Hilo SNF, LLC effective as of September 30, 2019**

State the term remaining **12/31/2019**

List the contract number of any government contract

**Hilo SNF, LLC  
45-181 Waikalua Road  
Kaneohe, HI 96744**

- 2.10. State what the contract or lease is for and the nature of the debtor's interest **Hospice Services Agreement by and between Hospice of Hilo and [the Debtor] dated as fo October 20, 2015**

State the term remaining

List the contract number of any government contract

**Hospice of Hilo  
1011 Waianuenue Avenue  
Hilo, HI 96720-2019**

- 2.11. State what the contract or lease is for and the nature of the debtor's interest **Resident Fund Management Service Services Agreement effective as of 12/7/2017, by and between National Datacare Corporation and [Debtor]**

State the term remaining

List the contract number of any government contract

**National Datacare Corporation  
14155 Newbrook Drive #200  
Chantilly, VA 20151**

- 2.12. State what the contract or lease is for and the nature of the debtor's interest **Medicare Intermediary**

State the term remaining

List the contract number of any government contract

**Noridian Healthcare Solutions LLC  
Noridian JDDME  
PO Box 6727  
Fargo, ND 58108-6727**

**Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.13. State what the contract or lease is for and the nature of the debtor's interest

**Staffing Agreement dated November 15, 2016 between Silversage Physician Services of Hawaii, as the Practice, and [Debtor], as the Facility**

State the term remaining

List the contract number of any government contract

**SilverSage Physician Services of Hawaii  
P.O. Box 25523  
Chattanooga, TN 37422**

2.14. State what the contract or lease is for and the nature of the debtor's interest

**Participation Agreement between SYSCO, as distributor and [Debtor], as customer**

State the term remaining

List the contract number of any government contract

**SYSCO CORPORATION  
P. O. Box 855  
Honolulu, HI 96808**

2.15. State what the contract or lease is for and the nature of the debtor's interest

**Ancillary Provider Participation Agreement by and between UnitedHealthcare Insure Company (on behalf of itself and its affiliates) and [the Debtor] effective as of June 1, 2016**

State the term remaining

List the contract number of any government contract

**UnitedHealthcare Insurance Company  
1132 Bishop Street, Suite 400  
Honolulu, HI 96813**

2.16. State what the contract or lease is for and the nature of the debtor's interest

**Participating Group Provider Agreement by and between University Health Alliance and [the Debtor] effective as of October 1, 2016**

State the term remaining

List the contract number of any government contract

**University Health Alliance  
P.O. Box 29590  
Honolulu, HI 96820-1990**

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.17.	State what the contract or lease is for and the nature of the debtor's interest	Participating Provider Agreement by and between WellCare Health Insurance of Arizona, Inc. d/b/a Ohana Health Plan, Inc. and [the Debtor] dated as of February 24, 2016	
	State the term remaining		WellCare Health Ins. of AZ dba Ohana Health Plan Inc. 8735 Henderson Road Tampa, FL 33634
	List the contract number of any government contract		

**Fill in this information to identify the case:**Debtor name **Kaumana Drive Partners, LLC**United States Bankruptcy Court for the: **DISTRICT OF HAWAII**Case number (if known) **19-01266**☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Andre Hurst****563 Kaumana Drive  
Hilo, HI 96720****Hawaii Employers'  
Mutual Insurance Co.**☐ D \_\_\_\_\_  
☒ E/F **3.20**  
☐ G \_\_\_\_\_**2.2 Benjamin Meeker****2131 Palomar Airport Road, Suite 218  
Carlsbad, CA 92011****CPIF WTB, LLC**☒ D **2.13**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

**Fill in this information to identify the case:**Debtor name Kaumana Drive Partners, LLCUnited States Bankruptcy Court for the: DISTRICT OF HAWAIICase number (if known) 19-01266☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From 1/01/2019 to **Filing Date****Sources of revenue**  
Check all that apply☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**  
(before deductions and exclusions)\$6,800,000.00**For prior year:**From 1/01/2018 to 12/31/2018☒ Operating a business☐ Other \_\_\_\_\_\$10,000,000.00**For year before that:**From 1/01/2017 to 12/31/2017☒ Operating a business☐ Other \_\_\_\_\_\$8,981,176.00**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**  
*Check all that apply*

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>Silversage Management Services, PLLC</b> <b>P.O. Box 25523</b> <b>Chattanooga, TN 37422</b>	<b>9/17/19</b>	<b>\$28,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.2. <b>Hawaii Dental Service</b> <b>P.O. Box 30500</b> <b>Honolulu, HI 96820-0500</b>	<b>4/3/2019; 5/3/2019; 6/5/2019; 7/5/2019; 9/5/2019</b>	<b>\$14,038.14</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Dental insurance premiums</b></u>
3.3. <b>Hawaii Employers' Mutual Insurance Co.</b> <b>PO BOX 29050</b> <b>Honolulu, HI 96820-1450</b>	<b>10/2/2019</b>	<b>\$22,087.40</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Insurance premiums</b></u>
3.4. <b>HMAA</b> <b>C/O PSH Ins., 737 Bishop St 12th Fl.</b> <b>Honolulu, HI 96813</b>	<b>9/30/2019*</b>	<b>\$39,926.34</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Insurance Premiums</b></u>
3.5. <b>MEDLINE INDUSTRIES INC</b> <b>P.O. Box 121080, Dept 1080</b> <b>Dallas, TX 75312</b>	<b>9/30/2019*</b>	<b>\$74,600.13</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.6. <b>Pharmerica</b> <b>P.O. Box 644458</b>	<b>9/30/2019*</b>	<b>\$44,591.03</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.7. <b>Silversage Management Services, PLLC</b> <b>P.O. Box 25523</b> <b>Chattanooga, TN 37422</b>	<b>9/30/2019*</b>	<b>\$10,000.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.8. <b>SYSCO Hawaii</b> <b>P.O. Box 855</b> <b>Honolulu, HI 96808</b>	<b>9/30/2019*</b>	<b>\$50,877.70</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.9. <b>Hawaii Gas / Airgas USA LLC</b> <b>P.O. Box 29850</b> <b>Honolulu, HI 96820-2250</b>	<b>9/26/2019</b>	<b>\$9,033.79</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.10 <b>ECS Solutions</b> <b>P.O. Box 402</b> <b>Tiffin, OH 44883</b>	<b>7/12/2019;</b> <b>9/23/2019</b>	<b>\$20,233.75</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.11 <b>Hawaii Electric Light Company</b> <b>P.O. Box 909</b> <b>Honolulu, HI 96808</b>	<b>8/1/2019;</b> <b>8/30/2019</b>	<b>\$41,471.61</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Electricity</b></u>
3.12 <b>Hawaii Employers' Mutual Insurance Co.</b> <b>PO BOX 29050</b> <b>Honolulu, HI 96820-1450</b>	<b>8/1/2019;</b> <b>8/30/2019</b>	<b>\$67,670.72</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Insurance Premiums</b></u>
3.13 <b>Hilo Products, Inc.</b> <b>41 Makaala Street</b> <b>Hilo, HI 96720</b>	<b>7/12/2019;</b> <b>8/14/2019;</b> <b>9/26/2019</b>	<b>\$10,766.05</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.14 <b>HMAA</b> <b>C/O PSH Ins., 737 Bishop St 12th Fl.</b> <b>Honolulu, HI 96813</b>	<b>7/12/2019;</b> <b>8/30/2019</b>	<b>\$68,400.62</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Insurance premiums</b></u>
3.15 <b>IPFS Corporation</b>	<b>8/6/2019</b>	<b>\$41,384.28</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u><b>Insurance premium</b></u>
3.16 <b>MEDLINE INDUSTRIES INC</b> <b>P.O. Box 121080, Dept 1080</b> <b>Dallas, TX 75312</b>	<b>7/12/2019;</b> <b>8/14/2019</b>	<b>\$36,672.91</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.17 <b>Carl Osaki, Esq.</b> 225 Queen Street #17H Honolulu, HI 96813	8/8/2019	\$20,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.18 <b>Pacific Guardian Life</b>	8/1/2019	\$8,710.58	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>Insurance premium</b>
3.19 <b>Pharmerica</b>	7/12/2019; 8/14/2019	\$38,885.84	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.20 <b>R. Pumphrey and Associates</b> 3637 Medina Road Suite 95LL Medina, OH 44256	7/12/2019; 8/1/2019; 9/6/2019; 9/27/2019	\$52,450.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.21 <b>SECURUS SYSTEMS INC</b> P. O. Box 822772 Vancouver, WA 98682-0059	7/12/2019; 8/28/2019; 9/26/2019	\$8,184.56	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.22 <b>Silversage Management Services, PLLC</b> P.O. Box 25523 Chattanooga, TN 37422	8/1/2019	\$14,000.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___
3.23 <b>SYSCO Hawaii</b> P.O. Box 855 Honolulu, HI 96808	7/12/2019; 8/14/2019	\$33,574.72	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other___
3.24 <b>Systems Engineering Group LLC</b> 1314 S King Street Suite 1554 Honolulu, HI 96814	9/26/2019	\$7,060.67	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other___

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.25 * - Denotes payment by CPIF WTB, LLC		<b>\$0.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>Andre Hurst</b> <b>563 Kaumana Drive</b> <b>Hilo, HI 96720</b> <b>President</b>	<b>11/24/2018;</b> <b>1/11/2019;</b> <b>5/10/2019;</b> <b>8/22/2019</b>	<b>\$15,278.45</b>	<b>Expense Reimbursement</b>
4.2. <b>Benjamin Meeker</b> <b>2131 Palomar Airport Road, Suite 218</b> <b>Carlsbad, CA 92011</b> <b>President</b>	<b>12/31/2018;</b> <b>1/25/2019;</b> <b>2/12/2019;</b> <b>2/27/2019;</b> <b>5/7/2019;</b> <b>6/12/2019;</b> <b>7/8/2019;</b> <b>8/13/2019;</b> <b>9/6/2019;</b> <b>9/26/2019</b>	<b>\$20,417.43</b>	<b>Expense Reimbursement</b>
4.3. <b>Benjamin Meeker</b> <b>2131 Palomar Airport Road, Suite 218</b> <b>Carlsbad, CA 92011</b> <b>President</b>	<b>10/31/2018;</b> <b>12/3/2018;</b> <b>1/2/2019;</b> <b>1/30/2019;</b> <b>3/5/2019;</b> <b>4/3/2019</b>	<b>\$873,467.16</b>	<b>Secured loan repayment guaranteed by B. Meeker</b>
4.4. <b>Victus Management</b> <b>2131 Palomar Airport Road, Suite 218</b> <b>Carlsbad, CA 92011</b>	<b>5/29/2019;</b> <b>7/30/2019;</b> <b>9/12/2019;</b> <b>9/17/2019;</b> <b>10/3/2019</b>	<b>\$200,000.00</b>	<b>Management Fees</b>

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
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**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>Debtor v. Johnalyn Rodrigues Nosaka</b> <b>3CC18-1-00184</b>	<b>Injunctive Relief; wrongful termination counterclaim</b>	<b>Circuit Court of the Third District</b> <b>Hilo Division</b> <b>777 Kilauea Avenue</b> <b>Hilo, HI 96720</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	<b>Debtor v. Koa Builders Inc.</b> <b>1CC-18-1-00512</b>	<b>Contract</b>	<b>First Circuit Court</b> <b>State of Hawaii</b> <b>777 Punchbowl Street</b> <b>Honolulu, HI 96813</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	<b>Debtor v. Brighton Rehabilitation LLC</b> <b>1:18-cv-00240-JMS-KJM</b>	<b>Contract</b>	<b>U.S. District Court for D. Haw.</b> <b>300 Ala Moana Blvd., Rm C338</b> <b>Honolulu, HI 96850</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4.	<b>Arlene M. Estacion v. Debtor, et al.</b> <b>1:19-cv-0255-JMS-KJM</b>	<b>Wrongful termination</b>	<b>U.S. District Court for D. Haw.</b> <b>300 Ala Moana Blvd., Rm C338</b> <b>Honolulu, HI 96850</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.5.	<b>Debtor v. DHHS/Ctr for Medicare and Medicaid Svcs, et al.</b> <b>1:19-cv-00398-JAO-RT</b>	<b>Injunctive relief</b>	<b>U.S. District Court for D. Haw.</b> <b>300 Ala Moana Blvd., Rm C338</b> <b>Honolulu, HI 96850</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6.	<b>Debtor v. DHHS/Ctr for Medicare and Medicaid Svcs</b> <b>Review No. 19-71886</b>	<b>Appeal of CMS decision</b>	<b>U.S. Court of Appeals for the 9th Cir.</b> <b>P.O. Box 193939</b> <b>San Francisco, CA 94119-3939</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.7.	<b>Ying Lu, et al. v. Hawaiian Islands Regional Center, et al.</b> <b>Civil No. 17-1-1699-10 (JPC)</b>	<b>Breach of Contract; Injunctive Relief; Breach of Fiduciary Duty; Tort</b>	<b>First Circuit Court</b> <b>State of Hawaii</b> <b>777 Punchbowl Street</b> <b>Honolulu, HI 96813</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8.	<b>Arlette P. Fontes</b> <b>FEPA No. H-20466; EEOC No.37B-2019-00073</b>	<b>Discrimination</b>	<b>Hawaii Civil Rights Commission</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
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**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. <b>CHOI &amp; ITO, AAL</b> <b>700 BISHOP STREET</b> <b>SUITE 1107</b> <b>Honolulu, HI 96813</b>		<b>5/3/2019;</b> <b>9/30/2019</b>	<b>\$100,000.00</b>
Email or website address			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within

2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
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**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
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**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. <b>Legacy Hilo Rehabilitation and Nursing C 563 Kaumana Drive Hilo, HI 96720</b>	<b>Skilled Nursing Facility</b>	<b>74</b>
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <b>On-site</b>	How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes. State the nature of the information collected and retained.

**Name, Address, Phone number, SSN, DOB, medical insurance  
number, medical records number**

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☐ No. Go to Part 10.

☒ Yes. Does the debtor serve as plan administrator?

☐ No Go to Part 10.

☒ Yes. Fill in below:

Name of plan

Employer identification number of the plan

**Legacy Hil 401(k) plan**EIN: **26-1794868**

Has the plan been terminated?

☒ No☐ Yes**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Describe the property	Value
Claude Vedel 563 Kaumana Drive Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$1,638.76
Owner's name and address	Location of the property	Describe the property	Value
Theodor Van Gelder 563 Kaumana Drive Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$50.09
Owner's name and address	Location of the property	Describe the property	Value
Diane Uchima 563 Kaumana Drive Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$1,254.76

Owner's name and address	Location of the property	Describe the property	Value
<b>Aki Takeguchi</b> c/o Sidney Takeguchi 789 Edena Street Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$0.00</b>
Owner's name and address	Location of the property	Describe the property	Value
<b>Sadako Suzuki</b> c/o Susan Matsuda 41 Makaala St. Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$79.80</b>
Owner's name and address	Location of the property	Describe the property	Value
<b>Delton Souza</b> 16-2469 Ainaola Drive Pahoa, HI 96778	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$778.10</b>
Owner's name and address	Location of the property	Describe the property	Value
<b>Marie Searle</b> c/o Joseph Martinez P.O. Box 10977 Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$1,306.00</b>
Owner's name and address	Location of the property	Describe the property	Value
<b>Margarite Ringer</b> 563 Kaumana Drive Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$0.00</b>
Owner's name and address	Location of the property	Describe the property	Value
<b>Natividad Pinzon</b> c/o Edward Pinzon 15-1721 Keaau Pahoa Hwy Keaau, HI 96749	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$25.99</b>
Owner's name and address	Location of the property	Describe the property	Value
<b>Charles Oliver</b> 563 Kaumana Drive Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$300.53</b>
Owner's name and address	Location of the property	Describe the property	Value
<b>John Oharra</b> 563 Kaumana Drive Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$50.06</b>
Owner's name and address	Location of the property	Describe the property	Value
<b>Robert Oest</b> 563 Kaumana Drive Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$150.55</b>
Owner's name and address	Location of the property	Describe the property	Value
<b>Frank Nobriga</b> 563 Kaumana Drive Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$198.49</b>
Owner's name and address	Location of the property	Describe the property	Value
<b>Alma Nabarro</b> c/o Nona Sasahara 129 Krauss Avenue Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$982.90</b>

Owner's name and address	Location of the property	Describe the property	Value
Fumiko Monkawa c/o Ann Cristobal 866 Komomala Drive Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$156.18
Owner's name and address	Location of the property	Describe the property	Value
Teruko Matsunaga c/o Carl Matsunaga 1583 Lei Lehua Street Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$699.56
Owner's name and address	Location of the property	Describe the property	Value
Thelma Martin c/o Yolanda Keehne 69 Uhaloa Place Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$40.01
Owner's name and address	Location of the property	Describe the property	Value
David Low c/o Andrea Low P.O. Box 3793 Stateline, NV 89449	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$1,131.45
Owner's name and address	Location of the property	Describe the property	Value
Francene Leong 16-2036 37th Avenue Keaau, HI 96749	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$45.00
Owner's name and address	Location of the property	Describe the property	Value
Loreta Labicani c/o Pauline Peralta 4114 Cheeney Street Santa Clara, CA 95054	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$1,845.84
Owner's name and address	Location of the property	Describe the property	Value
Harry Kansaku c/o Iris Kansaku P.O. Box 106 Papaikou, HI 96781	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$1,498.25
Owner's name and address	Location of the property	Describe the property	Value
Charlene Kamekona 563 Kaumana Drive Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$170.14
Owner's name and address	Location of the property	Describe the property	Value
Maryjane Kalani c/o Marilyn Nscimento RR3 Box 1387 Pahoa, HI 96778	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$120.55
Owner's name and address	Location of the property	Describe the property	Value
George Henas c/o Carrie Henas P.O. Box 1419 Kailua Kona, HI 96745	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$75.09

Owner's name and address	Location of the property	Describe the property	Value
Linda Hellesen 563 Kaumana Drive Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$1,001.39
Owner's name and address	Location of the property	Describe the property	Value
James Gwaltney 563 Kaumana Drive Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$7,839.61
Owner's name and address	Location of the property	Describe the property	Value
Angel Genobaga c/o Cindy Malakaua 1582 Kaunala Way Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$429.55
Owner's name and address	Location of the property	Describe the property	Value
Robert Freitas c/o Charlotte Hamada 1582 Kaunala Way Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$350.07
Owner's name and address	Location of the property	Describe the property	Value
Ada Forand c/o Charles Smith 75-648 Hoomama Street Kailua Kona, HI 96740	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$0.00
Owner's name and address	Location of the property	Describe the property	Value
Gordon Figueroa c/o Beverly Shiroma P.O. Box 96 Honomu, HI 96728	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$192.17
Owner's name and address	Location of the property	Describe the property	Value
Dorcas Farr c/o Debra Delmar 505 Ainalako Road Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$40.11
Owner's name and address	Location of the property	Describe the property	Value
Shirley English c/o Diana Hanley 805 Hoolaulea Street Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$1,219.37
Owner's name and address	Location of the property	Describe the property	Value
David Durkee c/o Ronald (Jeffrey) Mermel P.O. Box 342 Volcano, HI 96785	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$95.03
Owner's name and address	Location of the property	Describe the property	Value
Richard Dermody c/o Roy ~Daimaru 1759 Uhaloa Road Hilo, HI 96720	Resident Trust Account - Savings - Acct#	Resident Trust Account	\$210.09

Owner's name and address	Location of the property	Describe the property	Value
<b>Genevieve D'Angelo</b> 563 Kaumana Drive Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$55.18</b>
<b>Owner's name and address</b>	<b>Location of the property</b>	<b>Describe the property</b>	<b>Value</b>
<b>Sue Daimaru</b> c/o Roy ~Daimaru 1759 Uhaloa Road Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$210.09</b>
<b>Owner's name and address</b>	<b>Location of the property</b>	<b>Describe the property</b>	<b>Value</b>
<b>Gregory Commendador</b> 563 Kaumana Drive Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$54.03</b>
<b>Owner's name and address</b>	<b>Location of the property</b>	<b>Describe the property</b>	<b>Value</b>
<b>Darrell Chase</b> 563 Kaumana Drive Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$596.41</b>
<b>Owner's name and address</b>	<b>Location of the property</b>	<b>Describe the property</b>	<b>Value</b>
<b>Rosalind Chamberlin</b> c/o Bruce Chamberlin P.O. Box 2851 Kamuela, HI 96743	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$916.03</b>
<b>Owner's name and address</b>	<b>Location of the property</b>	<b>Describe the property</b>	<b>Value</b>
<b>Sandra Burrill</b> c/o Trisha Ogle 269 Kaumana Drive Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$175.48</b>
<b>Owner's name and address</b>	<b>Location of the property</b>	<b>Describe the property</b>	<b>Value</b>
<b>Guy Brown</b> <input type="checkbox"/> 563 Kaumana Drive Hilo, HI 96720	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$827.41</b>
<b>Owner's name and address</b>	<b>Location of the property</b>	<b>Describe the property</b>	<b>Value</b>
<b>Arthur Bowley</b> c/o Timothy Connor P.O. Box 31 Volcano, HI 96785	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$10.00</b>
<b>Owner's name and address</b>	<b>Location of the property</b>	<b>Describe the property</b>	<b>Value</b>
<b>Merle Bensema</b> c/o Maximum Legal Services 707 Richards St., PH6 Honolulu, HI 96813	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$265.77</b>
<b>Owner's name and address</b>	<b>Location of the property</b>	<b>Describe the property</b>	<b>Value</b>
<b>Linda Bensema</b> c/o Maximum Legal Services 707 Richards St., PH6 Honolulu, HI 96813	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$285.73</b>
<b>Owner's name and address</b>	<b>Location of the property</b>	<b>Describe the property</b>	<b>Value</b>
<b>Joel Arruda</b> c/o Clayton Arruda 17-400 Kualono Place Kurtistown, HI 96760	<b>Resident Trust Account - Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$15.00</b>

Owner's name and address	Location of the property	Describe the property	Value
<b>Harold Arbon</b> <b>563 Kaumana Drive</b> <b>Kihei, HI 96753</b>	<b>Resident Trust Account -</b> <b>Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$302.00</b>
Owner's name and address	Location of the property	Describe the property	Value
<b>Kimie Aoki</b> <b>c/o Alvin Aoki</b> <b>P.O. Box 473</b> <b>Papaikou, HI 96781</b>	<b>Resident Trust Account -</b> <b>Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$50.08</b>
Owner's name and address	Location of the property	Describe the property	Value
<b>Rodney Anjo</b> <b>563 Kaumana Drive</b> <b>Hilo, HI 96720</b>	<b>Resident Trust Account -</b> <b>Savings - Acct#</b>	<b>Resident Trust Account</b>	<b>\$0.86</b>

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

**Business name address****Describe the nature of the business****Employer Identification number**

Do not include Social Security number or ITIN.

**Dates business existed****26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None**Name and address****Date of service****From-To**

26a.1. **R. Pumphrey and Associates**  
**3637 Medina Road**  
**Suite 95LL**  
**Medina, OH 44256**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None**Name and address****If any books of account and records are unavailable, explain why**

26c.1. **R. Pumphrey and Associates**  
**3637 Medina Road**  
**Suite 95LL**  
**Medina, OH 44256**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None**Name and address**

26d.1. **CPIF WTB, LLC**  
**1910 Fairview East**  
**Suite 200**  
**Seattle, WA 98102**

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory****28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.****Name****Address****Position and nature of any interest****% of interest, if any****REGENCY VENTURE FUND, LLLP****2131 Palomar Airport Road, Suite 218**  
**Carlsbad, CA 92011****Member****100%**

Name	Address	Position and nature of any interest	% of interest, if any
Benjamin Meeker	2131 Palomar Airport Road, Suite 218 Carlsbad, CA 92011	President	0%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No  
☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 See SOFA 4			
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the parent corporation
--------------------------	--

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **November 8, 2019**

**/s/ Benjamin Meeker**

Signature of individual signing on behalf of the debtor

**Benjamin Meeker**

Printed name

Position or relationship to debtor **President**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

**United States Bankruptcy Court  
District of Hawaii**

In re **Kaumana Drive Partners, LLC**

Debtor(s)

Case No. **19-01266**

Chapter **11**

**VERIFICATION OF AMENDED CREDITOR MATRIX**

I, the President of the limited liability company named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **November 8, 2019**

/s/ Benjamin Meeker

**Benjamin Meeker/President**

Signer/Title

Accelerated Care Plus Leasing Inc.  
13828 Collections Center DR  
Chicago, IL 60693

Abrien Aguirre  
131 Kukuau St. Apt 202  
Apt. 202  
Hilo, HI 96720

Sharon Ahia  
13-345 Kameili Rd.  
Pahoa, HI 96778

Samlyn Aiwahi  
P. O. Box 11327  
Hilo, HI 96721

AMN Healthcare Allied, Inc.  
P.O. Box 281939  
Atlanta, GA 30384-1939

Andre Hurst  
563 Kaumana Drive  
Hilo, HI 96720

Rodney Anjo  
563 Kaumana Drive  
Hilo, HI 96720

Kimie Aoki  
c/o Alvin Aoki  
P.O. Box 473  
Papaikou, HI 96781

Harold Arbon  
563 Kaumana Drive  
Kihei, HI 96753

Joel Arruda  
c/o Clayton Arruda  
17-400 Kualono Place  
Kurtistown, HI 96760

Lougelyn Asencion  
137 Kaumana Dr  
Hilo, HI 96720

Ashford & Wriston, LLP  
999 Bishop Street  
Suite 1400  
Honolulu, HI 96813

Leisha Ashley  
169 Hoku St.  
Hilo, HI 96720

Vivan Ashton  
Hc3 Box 4646  
Keaau, HI 96749

Mark Balicoco  
16-1614 Keaau Pahoa Rd.  
Keaau, HI 96749

Rachel Bega  
HC 1 Box 5016  
Keaau, HI 96749

Benjamin Meeker  
2131 Palomar Airport Road, Suite 218  
Carlsbad, CA 92011

Linda Bensema  
c/o Maximum Legal Services  
707 Richards St., PH6  
Honolulu, HI 96813

Merle Bensema  
c/o Maximum Legal Services  
707 Richards St., PH6  
Honolulu, HI 96813

Genesis Berona  
11 Mopua Place  
Hilo, HI 96720

Jesus Bilango  
2608 Kinooole Street  
Hilo, HI 96720

BKD, LLP  
P.O. Box 1190  
Springfield, MO 65801-1190

Gayle Bovee  
P O Box 1435  
Hilo, HI 96721

Arthur Bowley  
c/o Timothy Connor  
P.O. Box 31  
Volcano, HI 96785

Briggs Healthcare  
4900 University Ave. Suite 200  
DES MOINES, IA 50266-1355

Brighton Rehabilitation  
206 NORTH 2100 WEST  
Salt Lake Cty, UT 84116

Brighton Rehabilitation LLC  
206 North 2100 West  
Salt Lake City, UT 84116

Ryan Brimley  
106 Liliuokalani Lane  
Hilo, HI 96720

Guy Brown  
563 Kaumana Drive  
Hilo, HI 96720

Shania Bukoski  
P.O. Box 711467  
Mountain view, HI 96771

Sandra Burrill  
c/o Trisha Ogle  
269 Kaumana Drive  
Hilo, HI 96720

Maria Byng  
135 Pakalana St.  
Hilo, HI 96720

Kharen Cabuyadao  
2177 B. Awapuhi St  
Hilo, HI 96720

Daylan Capello  
1370 Ululani Street Apt A 208  
Apt. 208  
Hilo, HI 96720

Capitol Indemnity Corporation  
P.O. Box 5900  
Madison, WI 53705-0900

Carlen Van Gelder  
13 Hemlock Street  
Worcester, MA 01602

Casamba  
5210 Lewis Road #10  
Agoura Hills, CA 91301

Rosalind Chamberlin  
c/o Bruce Chamberlin  
P.O. Box 2851  
Kamuela, HI 96743

Charles A. Price, Esq.  
707 Richards Street, Suite 610  
Honolulu, HI 96813

Darrell Chase  
563 Kaumana Drive  
Hilo, HI 96720

Gregory Commendador  
563 Kaumana Drive  
Hilo, HI 96720

Shona Compoc  
110 Likeke Street  
Hilo, HI 96720

Joshua Cordero  
PO Box 11293  
Hilo, HI 96721

Rachiel Corpuz  
17-109 Kulina Rd.  
Keaau, HI 96749

Veniece Corpuz  
17-109 Kulina Rd. Apt. A  
Keaau, HI 96749

County of Hawaii  
101 Aupuni Street, Suite 4  
Hilo, HI 96720

County of Hawaii, DWS  
345 KEKUANAO'A ST., STE 20  
Hilo, HI 96720

CPIF WTB, LLC  
1910 Fairview East  
Suite 200  
Seattle, WA 98102

Angela Cubangbang  
P.O. Box 6165  
Apt. A  
Hilo, HI 96720

Sue Daimaru  
c/o Roy Daimaru  
1759 Uhaloa Road  
Hilo, HI 96720

Amelyn Dalmacio  
2282 Awapuhi Street  
Hilo, HI 96720

Charlene Dalmacio  
PO Box 743  
Kurtistown, HI 96760

Genevieve DAngelo  
563 Kaumana Drive  
Hilo, HI 96720

Jacqueline Danner  
RR2 Box 4632  
Pahoa, HI 96778

Evelyne Dayoan  
151308 Naupaka Street  
Keaau, HI 96749

Joy Dela Cruz  
28-2829 Hawaii Belt Road  
Apt. A  
Pepeekeo, HI 96783

Dentons US LLP  
1001 Bishop Street  
Suite 1800  
Honolulu, HI 96813

Richard Dermody  
c/o Audrey Turner  
P.O Box 377562  
Ocean View, HI 96737

DHHS/Ctr for Medicare and Medicaid Svcs  
Western Div of Survey  
90 7th Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6707

Direct Supply Inc.  
P.O. Box 88201  
Milwaukee, WI 53288

Divina Duran  
Rra Box 2418  
Pahoa, HI 96778

David Durkee  
c/o Ronald (Jeffrey) Mermel  
P.O. Box 342  
Volcano, HI 96785

Dyatech, LLC  
805 S Wheatley St  
Ste 600  
Ridgeland, MS 39157

Sirinthip Eagleman  
475 Kinooole St., Ste. 102  
Hilo, HI 96720

Ecolab  
P.O. Box 100512  
PASADENA, CA 96720-1812

EcoLab Food Safety Specialties  
24198 Network Place  
Chicago, IL 60673-1241

ECS BILLING AND CONSULTING SOUTH, INC.  
5870 Venture Drive  
Dublin, OH 43017

ECS Solutions  
P.O. Box 402  
Tiffin, OH 44883

Jodi Ellazar  
910 Kaiwiki Road  
Hilo, HI 96720

Shirley English  
c/o Diana Hanley  
805 Hoolaulea Street  
Hilo, HI 96720

Arlene M. Estacion  
25-2594 Nolemana Street  
Hilo, HI 96720

Sadie Evangelista  
17-175 Palaa St  
Keaau, HI 96749

Rachell Exaltacion Itabac  
27-343 Govt Road  
Papaikou, HI 96781

Shawn Farley  
11-3927 Nahelenani St.  
Volcano, HI 96785

Dorcas Farr  
c/o Debra Delmar  
505 Ainalako Road  
Hilo, HI 96720

Shelly Felix  
PO Box 7207  
Hilo, HI 96720

Gordon Figueroa  
c/o Beverly Shiroma  
P.O. Box 96  
Honomu, HI 96728

Mason Figueroa  
174 Leimamo St.  
Hilo, HI 96720

FirstLease, Inc.  
P.O. Box 57309  
Philadelphia, PA 19111-7309

Ada Forand  
c/o Charles Smith  
75-648 Hoomama Street  
Kailua Kona, HI 96740

Dana Freitas  
563 Kaumana Drive  
Hilo, HI 96720

Robert Freitas  
c/o Charlotte Hamada  
1582 Kaunala Way  
Hilo, HI 96720

Tiana Fretias  
15-1621 23rd Ave  
Keaau, HI 96749

April Gae Gaces  
16-784 Kaluha Place  
Keaau, HI 96749

Deanna Ganigan  
134 Desha Avenue  
Hilo, HI 96720

Marlene Gapusan  
680 A Lama St  
Hilo, HI 96720

Angel Genobaga  
c/o Cindya Malakaua  
1582 Kaunala Way  
Hilo, HI 96720

Kimberly Gonsalves-Higa  
1216 Honua Street  
Hilo, HI 96720

Jayte Gonzales-Albez  
1352 Kaumana Drive  
Hilo, HI 96720

James Gwaltney  
563 Kaumana Drive  
Hilo, HI 96720

Tracie Hamilton  
224 Kaumana Drive  
Hilo, HI 96720

Hawaii Electric Light Company  
P.O. Box 29570  
Honolulu, HI 96820-1970

Hawaii Employers' Mutual Insurance Co.  
PO BOX 29050  
Honolulu, HI 96820-1450

Hawaii Gas  
P.O. Box 29850  
Honolulu, HI 96820-2250

Hawaii Hospital Education & Research Fdn  
707 Richards Street, PH2  
Honolulu, HI 96813

Hawaii Medical Service Association  
818 Keeaumoku Street  
Honolulu, HI 96814

Healthcare Association of Hawaii  
707 Richards Street, PH2  
Honolulu, HI 96813

Linda Hellesen  
563 Kaumana Drive  
Hilo, HI 96720

George Henas  
c/o Carrie Henas  
P.O. Box 1419  
Kailua Kona, HI 96745

Hilo Medical Center  
1190 Wainanuenue Ave  
Hilo, HI 96720-2094

Hilo Products, Inc.  
41 Makaala Street  
Hilo, HI 96720

Hilo SNF, LLC  
45-181 Waikalua Road  
Kaneohe, HI 96744

Dominic Hiro  
263 Lama Street  
Hilo, HI 96720

Winne Hisaiah  
430 W Kawili Street  
Hilo, HI 96720

HMAA  
C/O PSH Ins., 737 Bishop St 12th Fl.  
Honolulu, HI 96813

Kimberly Hodson  
HCR 1 BOX 5212  
Keaau, HI 96749

Dennis Hokama  
516 Awela St  
Hilo, HI 96720

Hospice of Hilo  
1011 Waianuenue Avenue  
Hilo, HI 96720-2019

Emma Ruth Igloria  
P O Box 972  
Keaau, HI 96749

Jolan Iwata  
Hcr 3 Box 14023  
Keaau, HI 96749

Cristina Jackson  
16-2066 Ohia Drive  
Pahoa, HI 96778

Drena Jessop  
25?2575 Nolemana Street  
Hilo, HI 96720

Eleisha Johnson  
16-2084 Uau 5 Rd.  
Mountain View, HI 96771

Matthew Johnston  
30 Waihau Lane  
Hilo, HI 96720

Kathy Kaaumoana  
P O Box 1668  
Keaau, HI 96749

Kekai Kahakua  
151 Pilipa'a St  
Hilo, HI 96720

Ngaire Kahakua  
128 Waenakonu Street  
Hilo, HI 96720

Loran Kahalehili  
12A Melani St.  
Hilo, HI 96720

Lepekakukunaokala Kalani  
PO Box 831115  
Pepeekeo, HI 96783

Maryjane Kalani  
c/o Marilyn Nasciemento  
RR3 Box 1387  
Pahoa, HI 96778

Celene Kalima  
1135 Waialeale Pl  
Hilo, HI 96720

Azrie Kama  
335 A Iwalani St.  
Hilo, HI 96720

Janelle Kamahela  
22 West Kawailani Street  
Hilo, HI 96720

Barrilyn Kamalii  
334 Luhau Place  
Hilo, HI 96720

Charlene Kamekona  
563 Kaumana Drive  
Hilo, HI 96720

Ashlyn Kaneshiro  
15-1670 21 St.  
keaaui, HI 96749

Harry Kansaku  
c/o Iris Kansaku  
P.O. Box 106  
Papaikou, HI 96781

Sarah Kanui  
537 E Kahaopea St  
Hilo, HI 96720

Ana Katoa  
52 E Ohea St  
Hilo, HI 96720

Kobayashi, Sugita & Goda, LLP  
999 Bishop Street #2600  
Honolulu, HI 96813-4430

Loreta Labicani  
c/o Pauline Peralta  
4114 Cheeney Street  
Santa Clara, CA 95054

Lito Lagundi  
11A Aikane Road  
Hilo, HI 96720

Caylee Ledesma  
230 Kapiolani St.  
Hilo, HI 96720

Janice Lee  
263 Lama Street  
Hilo, HI 96720

Jarom Lee  
P.O. Box 461  
Kurtistown, HI 96760

Jovy Lee  
1505 Railroad Avenue  
Hilo, HI 96720

Francene Leong  
16-2036 37th Avenue  
Keaau, HI 96749

Bessie Letson  
3505 Kinooole Street  
Hilo, HI 96720

Debe Libed  
2354 A Kinooole Street  
Hilo, HI 96720

LitEcon LLP  
10 W Broadway #203  
Long Beach, CA 90802

Jo-An Lo  
P O Box 10203  
Hilo, HI 96721

David Low  
c/o Andrea Low  
P.O. Box 3793  
Stateline, NV 89449

Susanne Lyle  
PO Box 180324  
Hawaii National Park, HI 96718

Kapua Mahi-Iokia  
121 Pakalana Street  
Hilo, HI 96720

Kailee Malapitan  
337 Uilani St., Apt. 103  
Hilo, HI 96720

Earl Maltezo  
790 Kaumana Drive  
Hilo, HI 96720

Jordyn Mansinon  
302 King Ave.  
Apt. 104  
Hilo, HI 96720

Thelma Martin  
c/o Yolanda Keehne  
69 Uhaloa Place  
Hilo, HI 96720

Teruko Matsunaga  
c/o Carl Matsunaga  
1583 Lei Lehua Street  
Hilo, HI 96720

Kawaiola Medallia  
466 Hinano St. Apt. 104  
Hilo, HI 96721

MEDLINE INDUSTRIES INC  
P.O. Box 121080, Dept 1080  
Dallas, TX 75312

James Medonza  
P O Box 492701  
Keaau, HI 96749

Evan Mee Lee  
740 Wainaku Street  
Hilo, HI 96720

Melissa Fuka, Hilo Off. of Pub. Guardian  
777 Kilauea Avenue  
Hilo, HI 96720

Maria Mena  
16-1515 Uau Rd.  
Mountain View, HI 96771

Erlinda Mendoza  
16-2064 Hapuu Dr  
Pahoa, HI 96778

Eufemia Mendoza  
16-2064 Hapuu Dr  
Pahoa, HI 96778

Matthew Miguel  
322 Kukuau St  
Hilo, HI 96720

Miller, Nash Graham & Dunn  
3400 US Bancorp Tower  
111 S.W. Fifth Avenue  
Portland, OR 97204

Kathleen Milliken  
P O Box 1127  
Hilo, HI 96720

Ludivina Molina  
Hcr 2 Box 6063  
Keaau, HI 96749

Melanie Molinero  
114 Pilipa'a St.  
Hilo, HI 96720

Fumiko Monkawa  
c/o Ann Cristobal  
866 Komomala Drive  
Hilo, HI 96720

Jackielyn Moreno  
P. O. Box 1322  
Keaau, HI 96749

MTX of Southwest Florida, Inc.  
P. O. Box 48426, Suite 227  
Tampa, FL 33647

Rodolfo Murillo Gonzalez  
PO Box 9  
Ninole, HI 96773

Alma Nabarro  
c/o Nona Sasahara  
129 Krauss Avenue  
Hilo, HI 96720

Teisha Nacis  
1656 Nohoana St.  
Hilo, HI 96720

Abraham Narvaez  
10 Ala Oli St.  
Hilo, HI 96720

National Datacare Corporation  
14155 Newbrook Drive #200  
Chantilly, VA 20151

Frank Nobriga  
563 Kaumana Drive  
Hilo, HI 96720

Nichole Nobriga  
10 Ala Oli St.  
Hilo, HI 96720

Noridian Healthcare Solutions LLC  
Noridian JDDME  
PO Box 6727  
Fargo, ND 58108-6727

North Hawaii Community Hospital  
67-1125 Mamalahoa Hwy  
Kamuela, HI 96743

Johnalyn Nosaka  
c/o Ted H.S. Hong  
P.O. Box 4217  
Hilo, HI 96720

Oahu Publications  
P. O. Box 31000  
Honolulu, HI 96849-5027

Maria Ochoa Smith  
P. O. Box 1117  
Kurtistown, HI 96760

Robert Oest  
563 Kaumana Drive  
Hilo, HI 96720

John Oharra  
563 Kaumana Drive  
Hilo, HI 96720

Joyce Oli  
27-102 Lali Street  
Hilo, HI 96720

Charles Oliver  
563 Kaumana Drive  
Hilo, HI 96720

On Shift  
P.O. Box 207856  
Dallas, TX 75320-7856

Danny Ortega  
346 Kauila Street  
Pepeekeo, HI 96783

Carl Osaki, Esq.  
225 Queen Street #17H  
Honolulu, HI 96813

Pacific Guardian Life  
1440 Kapiolani Blvd., Suite 1700  
Honolulu, HI 96814

Pacific Office Automation  
14747 NW Greenbrier Pkwy  
Beaverton, OR 97006

Edna Palacol  
PO Box 141  
Papaikou, HI 96781

Susan Pasion  
523 W Kawaiilani St  
Hilo, HI 96720

Michael Patterson  
563 Kaumana Drive  
Hilo, HI 96720

Florielee Paz  
P.O. Box 492837  
Keaau, HI 96749

Anabel Pidong  
P O Box 492878  
Keaau, HI 96749

Sara Pinc  
346 Kauila St  
Hilo, HI 96720

Natividad Pinzon  
c/o Edward Pinzon  
15-1721 Keaau Pahoa Hwy  
Keaau, HI 96749

Pitney Bowes Global Financial Services  
P. O. Box 371874  
Pittsburgh, PA 15250

PointClickCare Technologies, Inc.  
5570 Explorer Drive  
Mississauga, Ontario  
CANADA L4W0C4

Stephanie Popadic  
297 Kulana St  
Hilo, HI 96720

Premium Incorporated  
2644 Waiwai Loop  
Honolulu, HI 96819

R. Pumphrey and Associates  
3637 Medina Road  
Suite 95LL  
Medina, OH 44256

Charlotte Rawlins  
PO Box 1266  
Mountain View, HI 96771

REGENCY VENTURE FUND, LLLP  
2131 Palomar Airport Road, Suite 218  
Carlsbad, CA 92011

Registered Agent Solutions, Inc.  
1701 Directors Blvd., Suite 300  
Austin, TX 78744

Karly Requelman  
2504 Palai Hili Street  
Hilo, HI 96720

Margarite Ringer  
563 Kaumana Drive  
Hilo, HI 96720

Tracy Rodrigues  
322 Kukuau St.  
Hilo, HI 96720

Sean Rose  
13?3432 Makamae Street  
Pahoa, HI 96778

Frances Ross  
PO Box 262  
Honomu, HI 96728

Joy Ross  
P.O. Box 606  
Kurtistown, HI 96760

Mary Ross  
28-1708 Old Mamalahoa HWY  
Honomu, HI 96728

Chelsie Saiho  
PO Box 5855  
Hilo, HI 96720

Taylor Salgado-Ganzagan  
Hilo, HI 96720

Randy Saluda  
840 Iolani Street  
Hilo, HI 96720

Nestor Saludaes  
392 Kaiwiki Road  
Hilo, HI 96720

Thalene Santiagao  
335 Keonaona St  
Hilo, HI 96720

Karen Sawyer  
P. O. Box 5692  
Hilo, HI 96720

Harold Seales  
P O Box 1651  
Keaau, HI 96749

Marie Searle  
c/o Joseph Martinez  
P.O. Box 10977  
Hilo, HI 96720

SECLOUD LLC  
7720 NE Why 99, Ste D177  
Vancouver, WA 98665

SECURUS SYSTEMS INC  
P. O. Box 822772  
Vancouver, WA 98682-0059

Tammy Silva  
2506 Nohona Street  
Hilo, HI 96720

Silversage Management Services, PLLC  
P.O. Box 25523  
Chattanooga, TN 37422

SilverSage Physician Services of Hawaii  
P.O. Box 25523  
Chattanooga, TN 37422

Eden Sinco  
27-343 Government Road  
Papaikou, HI 96781

Charlene Soriano  
563 Kaumana Drive  
Hilo, HI 96720

Delton Souza  
16-2469 Ainaola Drive  
Pahoa, HI 96778

Spectrum 8109 10 200 0315306  
P.O. Box 60074  
City of Industry, CA 91716-0074

Spectrum Business 083720201  
P.O. Box 60074  
City of Industry, CA 91716-0074

Spectrum Business Acct#8109102000297017  
P.O. Box 60074  
City of Industry, CA 91716-0074

Spectrum Business Acct#8109102000314309  
P.O. Box 60074  
City of Industry, CA 91716-0074

STAPLES BUSINESS ADVANTAGE  
P.O. Box 105638  
Atlanta, GA 30348-5638

State of Hawaii Department of Taxation  
Attn: Bankruptcy Unit  
P.O. Box 259  
Honolulu, HI 96813

State of Hawaii, Dept of Human Svcs  
P.O. Box 339  
Honolulu, HI 96809-0339

State of Hawaii, DLIR, Unemployment Ins  
830 Punchbowl St. Rm 437  
Honolulu, HI 96813

Michael Stevens  
250 Kaiulani Street  
Apt. 204  
Hilo, HI 96720

Suisan Co. Ltd.  
P.O. Box 366  
Hilo, HI 96721-0366

Sadako Suzuki  
c/o Susan Matsuda  
41 Makaala St.  
Hilo, HI 96720

SYSCO CORPORATION  
P. O. Box 855  
Honolulu, HI 96808

SYSCO Hawaii  
P.O. Box 855  
Honolulu, HI 96808

Marciel Tagalicud  
P O Box 1845  
Pahoa, HI 96778

Aki Takeguchi  
c/o Sidney Takeguchi  
789 Edena Street  
Hilo, HI 96720

Franzes Lyka Talon  
#12 Iwasaki Camp  
Keaau, HI 96749

Melissa Tasaki (nka Melissa Adams Osorio)  
242 Kapiolani St.  
Hilo, HI 96720

Justin Texeira  
112 Haile Street Apt 204  
Unit 9A  
Hilo, HI 96720

TIAA Bank  
P.O. Box 911608  
Denver, CO 80291-1608

Kaye Karren Topenio  
PO Box 870  
Volcano, HI 96785

Elise Trumble  
P O Box 1755  
Hilo, HI 96721

TTMM ENTERPRISES  
8022 S Rainbow Blvd #207  
Las Vegas, NV 89139

Diane Uchima  
563 Kaumana Drive  
Hilo, HI 96720

UnitedHealthcare Insurance Company  
1132 Bishop Street, Suite 400  
Honolulu, HI 96813

University Health Alliance  
P.O. Box 29590  
Honolulu, HI 96820-1990

Kiani Urbano-Pepe'e  
1237 komohana St.  
Hilo, HI 96720

Theodor Van Gelder  
c/o Melissa Fuka  
777 Kilauea Avenue  
Hilo, HI 96720

Claude Vedel  
563 Kaumana Drive  
Hilo, HI 96720

Victus Management  
2131 Palomar Airport Road, Suite 218  
Carlsbad, CA 92011

Noland Villasista  
P O Box 25  
Apt 501  
Honomu, HI 96728

WellCare Health Ins. of AZ  
dba Ohana Health Plan Inc.  
8735 Henderson Road  
Tampa, FL 33634

Aliyah Wery  
1352 Kaumana Dr.  
Hilo, HI 96720

Lena Woodruff  
P.O. Box 2293  
Pahoa, HI 96778

XYNERGY Healthcare Capital II LLC  
2650 N Military Trail, Suite 420  
Boca Raton, FL 33431

Charlene Yamasaki  
1475 Kikaha Street  
Hilo, HI 96720

Mark Yaplag  
135 Alani St  
Hilo, HI 96720

Neander Ybanez  
338 Ainaola Dr  
Hilo, HI 96720

Kanani Yockman  
483 Keonaona St.  
Hilo, HI 96720